

Case Number:	CM15-0193593		
Date Assigned:	10/07/2015	Date of Injury:	06/21/2011
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female, who sustained an industrial injury on June 21, 2011. The injured worker was diagnosed as having multi-level herniated nucleus pulposus of the cervical spine with moderate to severe stenosis and cervical radiculopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging, epidural injection to the cervical four to five and cervical five to six, physical therapy, use of a transcutaneous electrical nerve stimulation unit, electromyogram with nerve conduction study, magnetic resonance imaging of the lumbar spine, medication regimen, and laboratory studies. In a progress note dated August 19, 2015 the treating physician reports complaints of stabbing pain to the neck with numbness, pins, and needles to the bilateral shoulders and also radiates to the left arm into the fourth and fifth digits, and weakness to the left hands causing her to drop items from the left hand. The treating physician also noted pain to the upper back. Examination performed on August 19, 2015 was revealing for decreased range of motion to the cervical spine with pain, decreased sensation to the left cervical eight, and decreased motor strength to the left hand grip. The injured worker's pain level on August 19, 2015 was rated a 7 out of 10 to the neck and the pain to the upper back a 6 to 7 out of 10. The progress note on August 19, 2015 indicated 24 prior sessions of physical therapy with which the injured worker was noted to have "good relief" and also noted 6 sessions of physical therapy to the neck, but did not indicate if these sessions were in addition to the above listed 24 sessions, but noted that the injured worker had relief from the 6 sessions of physical therapy. The progress did not include the injured worker's pain level as rated on a pain scale prior to physical therapy and after physical therapy to indicate the effects with the prior physical therapy. Also, the progress noted did not indicate if the injured worker experienced any functional improvement with prior physical therapy. On August 19, 2015 the treating physician

requested additional physical therapy at two times a week for 4 weeks to the cervical spine noting that the injured worker states that "a few more sessions may help increase her strength in her neck and range of motion". On September 09, 2015, the Utilization Review determined the request for additional physical therapy at two times a week for 4 weeks to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional physical therapy 2 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in June 2011 while working as a deputy probation officer, when she was breaking up a fight with injuries to the left knee, wrist, neck, and back. She continues to be treated for chronic pain and secondary anxiety, depression, PTSD, insomnia, and hypertension. When seen, her condition was unchanged. There had been relief with 6 physical therapy sessions and she stated that a few more sessions might help with strength in her neck and range of motion. Physical examination findings included cervical and trapezius muscle tenderness. There was decreased and painful cervical range of motion. There was decreased left C8 distribution sensation and decreased left upper extremity strength. She was referred for an additional 8 therapy sessions. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program and does not reflect a fading of skilled therapy treatments. The request is not medically necessary.