

Case Number:	CM15-0195512		
Date Assigned:	10/09/2015	Date of Injury:	04/02/2011
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 65-year-old female, who sustained an industrial injury on 4-2-2011. Medical records indicate the worker is undergoing treatment for status post cervical 4-5 anterior cervical discectomy and fusion. A recent progress report dated 9-2-2015, reported the injured worker complained of cervical spine pain that was improved, left shoulder pressure and left hand pain. Physical examination revealed the injured worker continued to use the bone stimulator and exam was documented on this visit. Treatment to date has included unknown number of physical therapy visits and medication management. The physician is requesting Physical therapy 2 times a week for 4 weeks for the cervical spine. On 9-14-2015, the Utilization Review noncertified the request for Physical therapy 2 times a week for 4 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS the recommended number of physical therapy sessions for myalgia is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Although passive modalities may be beneficial initially, the role of physical therapy is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. The physician progress notes are handwritten and only partially legible. The plan in the progress note is for PT. The plan does not address for which diagnoses the physical therapy is to be provided. There is no documentation of progress in previous physical therapy or how many sessions of physical therapy this worker has already received. Therefore, the request is not medically necessary.