

Case Number:	CM15-0198754		
Date Assigned:	10/14/2015	Date of Injury:	06/28/2014
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

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

CLINICAL CASE SUMMARY

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

This is a 54 year old male with a date of injury of June 28, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy and cervical spine stenosis. Medical records dated August 14, 2015 indicate that the injured worker complained of neck pain and left arm pain radiating to the first and second fingers rated at a level of 7 out of 10. A progress note dated September 17, 2015 documented complaints similar to those reported on August 14, 2015. The physical exam dated August 14, 2015 reveals full range of motion of the neck with some mild pain at the extreme of motion, and normal motor, sensation and reflexes. The progress note dated September 17, 2015 documented a physical examination that showed no changes since the examination performed on August 14, 2015. Treatment has included an unknown number of physical therapy sessions and magnetic resonance imaging of the cervical spine that showed disc herniation, disc bulging, and stenosis. The original utilization review (September 30, 2015) non-certified a request for twelve sessions of physical therapy for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 to The Neck: 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: PT 2 x 6 to the neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation is not clear how much prior PT for the neck patient has had. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would further exceed the recommended number of visits per the MTUS Guidelines for this condition therefore this request is not medically necessary.