

Case Number:	CM15-0200459		
Date Assigned:	10/15/2015	Date of Injury:	08/27/2014
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 20 year old female who sustained an industrial injury on 8-27-2014. A review of medical records indicated the injured worker is being treated for dizziness, insomnia, anxiety, depression, cervical strain sprain, rotator cuff syndrome shoulders, and thoracic sprain strain and headache. Medical records dated 9-9-2015 back pain as well as headaches. She rated her pain an 8 out 10. Without physical therapy, she still had neck pain a 6 out 10 at best and worst pain a 8 out 10. Pain was noted as the same. Cervical range of motion was within normal limits and right shoulder range of motion was within normal limits. Treatment has included physical therapy, Naproxen since at least 4-28-2015, and Fioricet. Utilization review form noncertified 6 sessions of physiotherapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy for the cervical spine, 6 sessions: 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: The patient presents on 09/09/15 with neck pain rated 6/10, mid back pain rated 5/10, and headaches rated 8/10. The patient's date of injury is 08/27/14. The request is for PHYSIOTHERAPY FOR THE CERVICAL SPINE, 6 SESSIONS. The RFA is dated 09/09/15. Physical examination dated 09/09/15 reveals decreased cervical range of motion in all planes. No other remarkable findings are included. The patient is currently prescribed Naproxen, Prilosec, and Fioricet. Patient is currently classified as temporarily disabled for 30 days. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 6 physiotherapy sessions for the cervical spine, the provider has exceeded guideline recommendations. Physical therapy and physiotherapy, while different in several respects, both fall under the category of physical medicine. For chronic pain complaints, MTUS guidelines support 8-10 treatments of physical/physiotherapy. There is evidence in the records provided that this patient has completed some physiotherapy to date for her cervical complaint, though the exact number of completed sessions is unclear. There are multiple requests for authorization of 6 sessions of physiotherapy, with RFA dates 03/24/15, 04/28/15, and 08/12/15 and at least two PT progress notes dated 04/01/15 and 06/10/15. Per progress note dated 09/09/15, the provider states that this patient recently left the country and as a result was unable to complete her physical therapy during this period, indicating that some of the authorized sessions were indeed carried out. Without a clearer documentation of this patient's true number of completed physical therapy sessions to date, compliance with MTUS recommendations regarding frequency and duration cannot be established, and as a result additional treatments cannot be substantiated. Therefore, the request IS NOT medically necessary.