

Case Number:	CM15-0021065		
Date Assigned:	02/10/2015	Date of Injury:	04/29/2014
Decision Date:	04/06/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/03/2015

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, Washington

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 46-year-old female with a reported date of injury on 04/29/2014; the mechanism of injury was not provided. The injured worker's diagnoses include cervical strain. An MRI was noted within the documentation of showing evidence of "some stenosis." Additionally, it was noted the injured worker had received 14 visits of physical therapy that were focused on treatment of the injured worker's right wrist, right shoulder, and right elbow. A progress note dated 11/25/2014 noted the injured worker had complaints of discomfort and pain in the neck area that radiated into the shoulder. It was noted at that time the injured worker had not had any therapy to that region. On physical examination, the range of motion was restricted with pain toward terminal end range of motion. There was also noted mild paraspinal spasm in the cervical spine. Neurological exam revealed 5/5 strength to the bilateral upper extremities and intact sensation throughout C3-T1 dermatomes. Under the treatment plan it was noted that the physician was recommending physical therapy 3 times a week for 4 weeks for the neck and shoulder area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that physical medicine may be recommended to help restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort up to a total of 10 visits over 8 weeks. However, the guidelines also recommend that a trial period consist of 5 visits over 4 weeks to assess how the injured worker responds to therapy prior to authorizing the additional visits. It was documented that the injured worker had received physical therapy in the past; however, this physical therapy was not for treatment of the injured worker's cervical spine pain. While therapy may be recommended, the request as provided exceeds the guideline recommendations of 5 trial visits prior to authorization of continued therapy. Therefore, the request for physical therapy 2x4 for the cervical spine is not medically necessary.