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| Case Number: | CM15-0023377 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 02/01/2012 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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 41 year old male with an industrial injury dated 02/01/2013 while lifting a 45 pound weight. His diagnoses include chronic neck pain, cervical radiculopathy, cervicogenic headaches, and chronic pain syndrome. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy and chiropractic care. In a progress note dated 01/09/2015, the treating physician reports increased numbness and tingling in the bilateral upper extremities, and continued nausea and vomiting with neck flare-ups. The objective examination revealed tightness and tenderness in the cervical paraspinal muscles and upper trapezius muscles. The treating physician is requesting additional physical therapy for the cervical spine which was denied by the utilization review. On 01/27/2015, Utilization Review non-certified a request for 12 sessions of additional physical therapy for the cervical spine, noting that the ODG recommends 9 visits of physical therapy for cervicgia, and the lack of documentation regarding how many previous physical therapy sessions have previously been provided. The ODG Guidelines were cited. On 02/06/2015, the injured worker submitted an application for IMR for review of 12 sessions of additional physical therapy 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 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: The claimant is more than two years status post work or are to be treated for chronic neck pain. Prior treatments have included physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant 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. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.