

Case Number:	CM15-0024004		
Date Assigned:	02/13/2015	Date of Injury:	12/06/2010
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona

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 43-year-old female who reported an injury on 12/06/2010. The mechanism of injury was not stated. The current diagnoses include degenerative disc disease of the cervical spine, status post cervical spine surgery x2, cervical herniated nucleus pulposus, upper extremity radiculitis, and severe myofasciitis. The injured worker has been previously treated with physical therapy, acupuncture, and aquatic therapy. The injured worker presented on 01/15/2015 with complaints of persistent neck pain with decreased range of motion. Upon examination, there was mild distress with movements of the cervical spine, normal cervical curvature, myofasciitis past 30 degrees of flexion, 20 degrees of extension, moderate to severe myofasciitis in the suboccipital region down to the paravertebral cervical muscles, and intact sensory and motor function. Recommendations at that time included acupuncture once per week for 6 weeks and physical therapy once per week for 6 weeks. A Request for Authorization form was then submitted on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x6 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is noted that the injured worker has been previously treated with physical therapy for the cervical spine. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically appropriate at this time.