

Case Number:	CM15-0213595		
Date Assigned:	11/03/2015	Date of Injury:	10/13/2010
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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 49 year old female, who sustained an industrial injury on 10-13-2010. A review of the medical records indicates that the worker is undergoing treatment for other cervical disc degeneration and displacement, myalgia, superficial vein thrombosis of right arm and spondylosis of the cervical region. Treatment has included pain medication, physical therapy, acupuncture, hot packs and ice which were noted to have helped but the worker was noted to continue to experience substantial pain. Subjective complaints (08-27-2015) included neck pain. No abnormal objective findings were documented. The plan of care included injections and structural spine surgery was not recommended at that time. Subjective complaints (10-13-2015) included neck and back pain rated as 2-4 out of 10. Objective findings (10-13-2015) included moderate to significant obesity, significantly decreased range of motion of the cervical spine right worse than left, reproduction of neck pain with cervical facet loading right greater than left, significantly tenderness cervical and periscapular muscles and weakly positive Spurling's side on the right. The physician noted that 16 visits of physical therapy was being requested. The number of previous physical therapy sessions received is unclear, the body parts to which therapy was applied is uncertain and there's no evidence of significant pain relief and objective functional improvement with prior sessions. A utilization review dated 10-22-2015 non-certified a request for physical therapy 2 times a week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2010 when she fell backwards onto a floor when her chair broke. She underwent an MRI of the cervical spine with intravenous anesthesia. After the scan she developed right upper extremity pain, swelling, and a rash. She was found to have a right cephalic superficial vein thrombosis. She was seen by the requesting provider in October 2015. She was having neck and upper back pain and shooting pain into her arms. Pain was rated at 2-4/10. Prior treatments had included acupuncture, heat and ice, muscle relaxants, and physical therapy all of which had helped. Physical examination findings included a body mass index over 38. There was significantly decreased cervical spine range of motion. She had neck pain with cervical facet loading. There were cervical trigger points. Spurling's testing was weekly positive on the right side. Authorization was requested for a cervical epidural injection and for physical therapy two times per week for eight weeks. The claimant is being treated for chronic pain with no new injury and has already had 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 or what might be needed to determine whether continuation of physical therapy was likely to be of any more sustained benefit than previously. The request is not considered medically necessary.