

Case Number:	CM15-0215653		
Date Assigned:	11/05/2015	Date of Injury:	07/02/2014
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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

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 52 year old female sustained an industrial injury on 7-2-2014. The injured worker was being treated for cervical degenerative disc disease and myofascial pain. The injured worker (4-29-2015 and 5-28-2015) reported ongoing neck pain radiating into the bilateral upper trapezius and down both arms. She reported (5-28-2015) some benefit with physical therapy and she had been able to continued working full duty with less pain. The physical exam (4-29-2015 and 5-28-2015) revealed forward flexion of the head, severe anterior protraction forward of the shoulders, hypertonic upper trapezius muscles with underdeveloped lower trapezius muscles, tenderness to palpation in the mid cervical paraspinals and bilateral upper trapezius. The treating physician noted that the cervical range of motion was within functional limits. The injured worker (9-16-2015) reported ongoing neck pain radiating into the bilateral upper trapezius and down both arms. She reported that she needed ongoing physical therapy and acupuncture. The physical exam (9-16-2015) revealed forward flexion of the head, severe anterior protraction forward of the shoulders, hypertonic upper trapezius muscles with underdeveloped lower trapezius muscles, and normal cervical range of motion. Treatment to date includes acupuncture and at least 16 sessions of physical therapy. Per the treating physician (9-16-2015 report), the injured worker's work status includes continuing to work full duty. On 9-17-2015, the requested treatments included 4 sessions (1 time a week for 4 weeks) of physical therapy. On 10-6-2015, the original utilization review non-certified a request for 4 sessions (1 time a week for 4 weeks) of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time a week for 4 weeks: 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 current request is for physical therapy 1 time a week for 4 weeks. Treatment to date includes acupuncture, physical therapy and medications. The patient has returned to full duty. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under physical medicine, pages 98, 99 has the following: "Physical Medicine: 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." Per report 09/16/15, the patient presents with ongoing neck pain radiating into the bilateral upper trapezius and down both arms. The physical examination revealed hypertonic upper trapezius muscles with underdeveloped lower trapezius muscles, and normal cervical range of motion. The patient reported that she would like ongoing physical therapy and acupuncture treatments. The patient underwent 16 physical therapy sessions since her date of injury of 07/02/14. The patient reported that PT was beneficial and she has been able to continue work with less pain. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the request for additional sessions. The treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. Furthermore, MTUS allows up to 10 sessions for complaints of this nature, and the patient has already participated in 16 sessions, and additional sessions are not warranted. Therefore, the request is not medically necessary.