

Case Number:	CM15-0215872		
Date Assigned:	11/05/2015	Date of Injury:	10/18/2008
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
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, Hawaii
 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 37 year old male, who sustained an industrial injury on 10-18-08. The injured worker was diagnosed as having cervical degenerative disc disease, cervical strain and left cubital tunnel syndrome. Subjective findings (8-26-15 and 9-15-15) indicated neck pain. Objective findings (9-15-15) revealed midline tenderness in the cervical spine and full cervical range of motion. As of the PR2 dated 10-5-15, the injured worker reports neck pain. Objective findings include midline tenderness in the cervical spine, full cervical range of motion and a positive Spurling's sign on the left. The treating physician noted that the injured worker had not received any physical therapy or chiropractic treatments for the cervical spine. Treatment to date has included a cervical MRI on 9-23-15 showing degeneration of the C5-C6 disc and physical therapy for the left hip with minimal relief. The Utilization Review dated 10-9-15, non-certified the request for physical therapy x 12 sessions to 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 12 sessions to the cervical spine 2x6: 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 patient presents with neck pain. The current request is for Physical therapy 12 sessions to the cervical spine 2x6. The treating physician states, in a report dated 10/02/15, "At this point I recommend a course of cervical physical therapy with traction." (52B) For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the patient has previously completed 6 session of physical therapy, which gave "minimal relief." (50B). The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.