

Case Number:	CM15-0218258		
Date Assigned:	11/09/2015	Date of Injury:	06/01/2014
Decision Date:	12/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	11/02/2015

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: Emergency Medicine

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 53 year old male, who sustained an industrial injury on 6-1-14. Medical records indicate that the injured worker is undergoing treatment for a cervical sprain, cervical spine spondylosis and cervical radicular symptoms to the left upper extremity. The injured worker is currently working full duty. On (8-25-15) the injured worker complained of pain, burning and numbness in his neck radiating to the left trapezius, the left scapular area and down the entire left arm to the hand. The injured worker also noted numbness in the right anterolateral thigh. The pain during the past week was 8 out of 10 on the visual analog scale. The injured worker is presently attending physical therapy. Objective findings revealed tenderness to palpation over the cervical four through thoracic one in the midline and over the left trapezius musculature. Range of motion was decreased and sensation was decreased over the left thumb. A physical therapy report dated 9-3-15 (visit 6) noted neck and scapular pain-less able to reduce symptoms. Treatment and evaluation to date has included medications, electromyography-nerve conduction study, x-rays, MRI, psychiatric consultation and physical therapy (6). The injured worker is currently not taking any medications for his injury. The Request for Authorization dated 9-23-15 is for physical therapy two times a week for four weeks to the cervical spine. The Utilization Review documentation dated 9-28-15 non-certified the request for physical therapy two times a week for four weeks 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 2x4 for cervical spine: 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 requested physical therapy 2x4 for cervical spine is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain, burning and numbness in his neck radiating to the left trapezius, the left scapular area and down the entire left arm to the hand. The injured worker also noted numbness in the right anterolateral thigh. The pain during the past week was 8 out of 10 on the visual analog scale. The injured worker is presently attending physical therapy. Objective findings revealed tenderness to palpation over the cervical four through thoracic one in the midline and over the left trapezius musculature. Range of motion was decreased and sensation was decreased over the left thumb. A physical therapy report dated 9-3-15 (visit 6) noted neck and scapular pain-less able to reduce symptoms. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy 2x4 for cervical spine is not medically necessary.