

Case Number:	CM15-0220438		
Date Assigned:	11/13/2015	Date of Injury:	02/11/2011
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old female, who sustained an industrial injury on 2-11-11. Current diagnoses or physician impression includes cervical myofascial pain syndrome and degenerative cervical disc syndrome. Notes dated 10-13-15 reveals the injured worker presented with complaints of neck pain that radiates to her arms, bilaterally (right greater than left) with a tingling sensation in her fingers (middle, ring and small) bilaterally. She reports a burning sensation in the back of her shoulders and upper thoracic region and a sharp pain in her right armpit. The pain is reportedly causing sleep disturbance. She reports she is unable to perform self-care, cook and do household chores without pain. Physical examinations dated 8-19-15, 9-21-15 and 10-13-15 revealed there is some supraclavicular pain (right greater than left) with pain on the right at Erb's point. There is decreased and painful cervical spine range of motion and decreased spinous process prominence from C5-C7. Treatment to date has included cervical Botox injection "made me worse" per note dated 10-13-15, medication, cervical collar-brace and home exercise program. A physical therapy (at least 10 sessions) note dated 6-8-15 states the injured worker met 1 functional goal and demonstrated overall improvement in joint mobility resulting in improved cervical range of motion, endurance throughout deep cervical stabilizers is improving resulting in improved upright postural tolerance; however, she continues to present with strength and postural deficits throughout the thoracic spine, scapular stabilizers and cervical range of motion and would benefit from additional therapy. Diagnostic studies include cervical and thoracic MRI and cervical spine CT scan (7-7-15) revealed degenerative disc disease at C4-C5 and C5-C6 per physician note dated 10-13-15, upper extremity electrodiagnostic study revealed no evidence of cervical radiculopathy or brachial plexopathy per physician note dated 10-13-15. A request for authorization dated 10-7-15 for physical therapy for the cervical spine (2x3) is non-certified, per Utilization Review letter dated 10-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy-cervical spine 2 times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy; cervical spine 2 times 3, is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had at least 10 PT sessions already. The documentation does not reveal that the patient has had significant objective increase in function from prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.