

Case Number:	CM15-0220692		
Date Assigned:	11/16/2015	Date of Injury:	01/29/2008
Decision Date:	12/29/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

This is a 56-year-old female with a date of industrial injury 1-29-2008. The medical records indicated the injured worker (IW) was treated for failed neck surgery. In the progress notes (10-19-15), the IW reported pain in the neck, bilateral shoulders and arm, aggravated by bending, twisting, lifting, carrying, gripping and grasping and improved with rest. The neck pain was worse than the left shoulder pain and was associated with numbness, tingling and weakness. She rated her pain 8 out of 10. Grasping, lifting, typing and writing were painful or difficult. On examination (10-19-15 notes), she had difficulty transferring from the chair to standing and from standing to the exam table. The midline of the cervical spine and paraspinal muscles were tender to palpation. Range of motion was not full and restricted due to pain. Spurling's and straight leg raise were negative. The hamstrings were normal. Motor strength of the muscle groups in the upper extremities (C5-T1) was 5 out of 5. Sensation was intact in all dermatomes tested. Upper extremity reflexes were 2+, bilaterally. There was no clonus, negative Babinski and negative Hoffmann. Lower extremity pulses were palpable. Grip strength was 26-26-26 on the right and 08-08-12 on the left. Cervical spine x-rays on this date showed previous anterior cervical discectomy and fusion at C5-C7. Treatments included physical therapy for the shoulder, neck and arms (for 2 to 3 weeks) and cervical fusion. There was no documentation of functional improvement from the previous physical therapy. The IW was 'permanent and stationary'. A Request for Authorization was received for physical therapy twice a week for six weeks. The Utilization Review on 11-2-15 non-certified the request for physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: According to the MTUS, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the patient has had previous physical therapy and should be independent with a home exercise program. Additional therapy is not medically necessary.