

Case Number:	CM15-0224653		
Date Assigned:	11/23/2015	Date of Injury:	10/02/2014
Decision Date:	12/31/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/16/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 42 year old female, who sustained an industrial injury on 10-2-2014. She reported pain in her wrist radiating up to her right upper extremity to her neck and shoulder. The injured worker was diagnosed as having a right shoulder impingement and bulge at C5-6. Treatment to date has included diagnostic testing, medications, brace, chiropractor treatments and physical therapy. The progress noted dated 5-6-2015 noted the IW complains of right shoulder pain, neck reveals 70 degrees of flexion and extension. The progress noted dated 8-28-2015 notes the symptoms are unchanged with a positive impingement sign. Treatment is physical therapy and acupuncture. In the progress note dated 10-6-2015, the exam reveals the range of motion is flexion 70 degrees. The remainder of the evaluation is illegible. The treatment plan is medication, physical therapy and acupuncture. The UR decision, dated 11-11-2015 denied 8 physical therapy visits to the cervical spine. The request for authorization, dated 11-16-2015 is for 8 physical therapy visits to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits to the 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: The CA MTUS ACOEM guidelines, neck and upper back complaints recommends 1-2 physical therapy visits for education, counseling and evaluation of home exercise. The ODG, provides specific diagnosis based recommendations for cervical conditions. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".- Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks- Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks- Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks. In this case the injured worker the documentation from 6/30/15 indicate that the worker has cervical spondylosis and has at least 6 sessions of physical therapy in the past. There is a report of subjective improvement but no documented objective findings such as decreased pain, medication usage or improved range of motion. Therefore the request for additional physical therapy would exceed the number of visits recommended by the guidelines for cervical spondylosis and therefore the request is not medically necessary.