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| Case Number: | CM15-0034048 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 05/27/2014 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: Internal Medicine, Rheumatology

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 50 year old male, who sustained an industrial injury on 5/27/2014. The diagnoses have included cervical strain, old fracture odontoid with some cord compression at that level, disc bulge at C5-6 and normal EMG (electromyography). Treatment to date has included injections, medication, physical therapy (18 sessions) and home exercise. Currently, the IW complains of continuing neck pain. Objective findings included full strength in the upper extremities bilaterally. Range of motion was full in all planes except right lateral tilt which was 50%. Sensation was intact with absent reflexes bilaterally. There was tenderness with palpation over the right trapezial muscle. On 1/27/2015, Utilization Review non-certified a request for physical therapy (3x4) cervical spine noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 2/02/2015, the injured worker submitted an application for IMR for review of physical therapy (3x4) cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 4 Weeks for The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 50 year old male has complained of neck pain since date of injury 5/27/14. He has been treated with injections, medications and physical therapy. The current request is for physical therapy 3 times a week for 4 weeks for the cervical spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy is not documented. Additionally, there is inadequate documentation regarding any functional improvement obtained from prior physical therapy sessions to date (18 sessions at the time of request). On the basis of this lack of documentation and per the MTUS guidelines cited above, the request for physical therapy 3 x per week for 4 weeks is not indicated as medically necessary.