

Case Number:	CM15-0034246		
Date Assigned:	02/27/2015	Date of Injury:	03/25/2009
Decision Date:	04/14/2015	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old individual with an industrial injury dated 01/14/2009. She presented on 01/09/2015 for a follow up examination of her cervical spine, left elbow and left wrist. Physical exam noted loss of strength, motion and sensation to the cervical spine. She rates her pain as a 6 on a scale of 1-10. X-rays of the cervical spine showed loss of cervical lordosis. Left elbow and left forearm x-rays show no increase of osteoarthritis and x-rays of the left hand and left wrist show no increase of osteoarthritis. Prior treatment included physical therapy, ultrasound guided cortisone injection to the left elbow, orthosis brace and medications. The provider requested physical therapy 3 times a week for 4 weeks to regain strength, improve stability and decrease pain to the cervical spine, left wrist and right shoulder. The provider documents she had responded well to therapy previously. On 01/27/2015 the request for physical therapy 3 times a week for 4 weeks on the cervical spine was non-certified by utilization review. MTUS and ODG were cited.

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 on the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability

Guidelines, Neck and Upper Back, Physical Therapy Guidelines-Displacement of Cervical intervertebral disc.

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

Decision rationale: The patient presents with cervical spine, left elbow, and left wrist pain rated 6/10. The patient's date of injury is 03/25/09. Patient is status post ultrasound guided cortisone injection to the left elbow. The request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS ON THE CERVICAL SPINE. The RFA was not provided. Physical examination dated 01/09/15 notes a loss of strength to the upper extremities and reduced cervical range of motion. Remaining objective findings include discussion of in-office X-rays of the Cervical spine, Elbow, and wrist. Wrist and elbow X-rays are unremarkable, cervical X-ray is noted to show a loss of cervical lordosis. The patient is currently prescribed Hydrocodone, Cyclobenzaprine, Diclofenac, and Tramadol. Diagnostic imaging was not included. Per progress note dated 01/09/15 patient is advised to return to work with modifications. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater is requesting 12 sessions of physical therapy for the management of this patient's continuing cervical pain. Progress note dated 01/09/15 implies that this patient has completed an unspecified number of physical therapy sessions for the cervical spine with improvements. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the specified number of sessions exceeds guideline recommendations, which specify only 10. Therefore, this request IS NOT medically necessary. Treater is requesting 12 sessions of physical therapy for the management of this patient's continuing cervical pain. Progress note dated 01/09/15 implies that this patient has completed an unspecified number of physical therapy sessions for the cervical spine with improvements. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the specified number of sessions exceeds guideline recommendations, which specify only 10. Therefore, this request IS NOT medically necessary.