

Case Number:	CM15-0034442		
Date Assigned:	03/02/2015	Date of Injury:	10/19/2012
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old, female patient, who sustained an industrial injury on 10/19/2012. A primary treating office visit dated 01/08/2015 reported subjective complaint of residual neck pain, and headaches since undergoing a cervical fusion 05/2014. She reported feeling weakness of hands and having difficulty with fine motor skills. Objective findings showed neck range of motion forward flexion at 5 degrees, extension at 15 degrees and rotation at 30 degrees. Tinel's test noted positive on the left and positive, bilateral Phalens' also. She is found with positive spasm of the paracervical. Radiography dated 11/11/2014 revealed fusion C5-7; hardware in place. The following diagnoses are applied; cervical fusion; Horners syndrome and bilateral carpal tunnel syndrome, status post right release with residual left. A request was made for 12 sessions of physical therapy treating cervical spine. On 01/29/2015, Utilization Review, non-certified the request, noting the CA/MTUS, Chronic Pain, Page 99, Physical Medicine Guidelines were cited. On 02/24/2015, the injured worker submitted an application for independent medical review of requested service.

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; cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records indicate this patient had 18 prior occupational therapy sessions and should be able competent in a home exercise program. The treating physician has not indicated any re-injury or rationale behind this request. As such, the request for Physical therapy 3 times a week for 4 weeks; cervical spine is not medically necessary.