

Case Number:	CM15-0037926		
Date Assigned:	03/06/2015	Date of Injury:	03/07/2014
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/27/2015

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 59 year old female, who sustained an industrial injury on March 7, 2014. The injured worker had reported injuries to her knees, elbow and neck. The diagnoses have included cervicgia, cervical disc degeneration and cervical osteoarthritis without myelopathy. Treatment to date has included medications, radiological studies, physical therapy, acupuncture treatment, arthroscopic knee surgery and chiropractic care. The injured worker noted that the current medications, physical therapy, acupuncture treatments and chiropractic treatments make the symptoms better. Current documentation dated January 22, 2015 notes that the injured worker complained of neck with radiation to the upper extremities and upper back pain, tightness and fatigue. Physical examination of the cervical spine revealed a painful and decreased range of motion. The treating physician recommended continued physical therapy visits. On February 25, 2015 Utilization Review non-certified a request for an extension of physical therapy visits to the cervical spine # 8. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension for physical therapy cervical for 8 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 98-99.

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

Decision rationale: Based on the 2/3/15 progress report provided by the treating physician, this patient presents with ongoing neck pain rated 7/10 on VAS scale and thoracic spine pain rated 8/10 on VAS scale, with no radicular symptoms. The treater has asked for on 2/3/15 "with emphasis on some extensor muscle strengthening as well as increasing her flexibility and core strength." The patient's diagnosis per Request for Authorization form dated 2/3/15 is myofascial pain. The patient is s/p TENS unit which has given good relief and decreased the amount of medication she has been taking, and has recently been placed on Neurontin per 2/3/15 report. The patient had "some physical therapy" for the neck and back shortly after her initial injury a year ago but the efficacy and the number of sessions was not specified in 1/14/15 report. The 1/14/15 report states that the patient was complaining of the left knee pain after the physical therapy. The patient is currently not working. 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." In regard to the 8 physical therapy sessions for the cervical spine, the patient has had a course of physical therapy about a year ago for the neck/back with unspecified effect. The treater only states that the patient's left knee pain was not helped by the physical therapy. It is not clear how many physical therapy sessions this patient has undergone to date, or their effect. However, the patient does have ongoing neck pain. The treater is requesting another course of physical therapy for the neck with emphasis on some extensor muscle strengthening as well as increasing her flexibility and core strength. As the patient's most recent physical therapy was over a year ago, another course of 8 sessions for C-spine spine appears reasonable. Therefore, this request IS medically necessary.