

Case Number:	CM15-0042733		
Date Assigned:	03/12/2015	Date of Injury:	03/07/2014
Decision Date:	04/16/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 52-year-old female, who sustained an industrial injury on March 7, 2014. The injured worker reported bilateral hand pain. The injured worker was diagnosed as having cervical degenerative disc disease (DDD), disc protrusions and stenosis, carpal tunnel syndrome, and possible cervical radiculopathy. Treatment to date has included acupuncture. A progress note dated February 27, 2015 the injured worker complains of neck, bilateral shoulder, bilateral hand and elbow pain with numbness in fingers. Physical exam notes cervical tenderness on palpation with full range of motion (ROM) without spasm. Cervical magnetic resonance imaging (MRI) was reviewed. The plan includes physical therapy and a follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical Spine, quantity 12: 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): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy.

Decision rationale: The requested Physical Therapy for Cervical Spine, quantity 12 is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has neck, bilateral shoulder, bilateral hand and elbow pain with numbness in fingers. Physical exam notes cervical tenderness on palpation with full range of motion (ROM) without spasm. The treating physician has not documented the medical necessity for a current trial of physical therapy beyond the guideline recommended 6 sessions before evaluating functional improvement. The criteria noted above not having been met, Physical Therapy for Cervical Spine, quantity 12 is not medically necessary.