

Case Number:	CM15-0043698		
Date Assigned:	03/13/2015	Date of Injury:	08/22/2011
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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, Pain Management

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 37-year-old female, who sustained an industrial injury on 8/22/2011. The diagnoses have included cervical radiculopathy and right shoulder internal derangement status post surgery. Treatment to date has included physical therapy for the right shoulder and medication. Per the back pain-spine institute report dated 9/25/2014, the injured worker complained of neck pain and right arm numbness for a few months. Physical therapy was recommended for the cervical spine. According to the progress report dated 1/28/2015, the injured worker complained of minimal right shoulder pain on deltoid towards the end of the day. The pain traveled from the neck down to the right hand. Objective findings revealed positive tenderness of the cervical spine and full range of motion of the right upper extremity. The treatment plan was for physical therapy for the 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 x 3 to the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient is noted to have neck pain and tenderness along with upper extremity symptoms suspicious for radiculopathy. It does not appear that physical therapy has been attempted for the cervical spine. In light of the above, the current request for physical therapy is medically necessary.