

Case Number:	CM15-0046005		
Date Assigned:	03/18/2015	Date of Injury:	04/21/2014
Decision Date:	04/24/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/11/2015

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 (IW) is a 46-year-old female who sustained an industrial injury on 04/21/2014. The original injury involved the neck, lower back and right shoulder. Diagnoses include shoulder bursae and tendon disorders, not otherwise specified; cervicgia; and thoracic or lumbosacral neuritis or radiculitis, not otherwise specified. Treatment to date has included medications, physical therapy and chiropractic therapy. Diagnostics performed to date included electrodiagnostic testing. According to the progress notes dated 2/10/15, the IW reported neck, lower back and right shoulder pain rated 7/10. She stated the prescribed medications are helpful. The requested treatment, eight additional sessions of physical therapy for the cervical spine, was included in the provider's treatment plan for the IW's neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

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

Decision rationale: Based on the treater report dated 02/10/15 the patient presents with neck pain rated 7/10, the request is for PHYSICAL THERAPY 2 X 4 CERVICAL. Patient's diagnosis per RFA dated 02/25/15 includes cervicgia. Physical examination to the cervical spine on 02/10/15 revealed restricted range of motion especially on flexion and extension 20 degrees, cervical facet loading test positive on right side. Treatment to date has included medications, physical therapy and chiropractic therapy. Patient's medications include Ultracet, Omeprazole, and Fenoprofen Calcium. Patient is on modified work duty, per progress report dated 02/10/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per progress report dated 02/10/15, treater states patient reports ongoing symptoms of low back pain and decrease in function. Given the patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, per treater report dated 02/10/15, patient has completed 8 physical therapy treatments without significant improvement. Treater does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. Furthermore, the request for additional 8 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.