

Case Number:	CM15-0046454		
Date Assigned:	03/18/2015	Date of Injury:	02/02/2011
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
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 is a 60 year old male, who sustained an industrial injury on February 2, 2011. He reported that while moving logs, he developed severe pain, injuring his neck and bilateral shoulders. The injured worker was diagnosed as having cervicgia. Treatment to date has included physical therapy, cervical epidural injections, right shoulder surgery, and medication. Currently, the injured worker complains of a flare of his neck pain, with headaches. The Treating Physician's report dated February 6, 2015, noted the injured worker reporting he had benefited from physical therapy in the past and was hoping to get back into physical therapy for pain relief. The injured worker was unable to take anti-inflammatory medications due to being on Warfarin. Examination of the cervical spine was noted to show tenderness of the paracervicals and scalene muscles, with active range of motion (ROM) with pain elicited by motion. The Physician noted the plan to include a request for twelve physical therapy visits and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to the Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with a flare up in his neck pain. The pain is in the middle of the neck and goes all the way up to the back of the head, also causing headaches. The request is for physical therapy 2 times a week for 6 weeks to the neck. The RFA provided is dated 02/09/15 and the date of injury is 02/02/11. Diagnoses per 05/21/14 report included cervical spondylosis with myelopathy, degeneration of cervical intervertebral disc, spinal stenosis in cervical region, neck pain, brachial neuritis, osteoarthritis of the shoulder region and shoulder pain. Physical examination to the cervical spine on 02/06/15 revealed tenderness of the paracervicals and the scalene muscle. There is decreased range of motion especially on extension, 10 degrees. There is no SLR test documented. The patient is permanent and stationary. MTUS 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." Treater has requested for physical therapy to "begin neck stretching and strengthening. Traction will be tried. Modalities will be used. A home exercise program will be taught." The utilization review dated 02/17/15 reports the patient has completed 24 physical therapy sessions to date. The treater does not explain why additional therapy is needed and why the patient is unable to do the necessary stretching and strengthening exercises at home. It is not known what more can be accomplished with formalized therapy at this point. Furthermore, MTUS recommends only 8-10 sessions for non-post-operative situations for this kind of condition. The treater's request for 12 physical therapy sessions is excessive and IS NOT medically necessary.