

Case Number:	CM15-0047136		
Date Assigned:	03/19/2015	Date of Injury:	10/15/2007
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 56-year-old female who sustained an industrial injury on 10/15/2007. Diagnoses include right C5 radiculopathy, right cervical facet pain, cervical myofascial pain and bilateral sacroiliac joint pain. Treatment to date has included medications, injections, and cervical radiofrequency nerve ablations. Diagnostics performed to date included x-rays and MRIs. According to the progress report dated 1/28/15, the IW reported neck pain and left side hip/low back pain. She reported that pain was controlled well with radiofrequency nerve ablations. Physical therapy for the cervical spine was requested for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, once to twice weekly for eight weeks: Upheld

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

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

Decision rationale: This worker requested physical therapy "to see if this will calm the pain so she can avoid injection therapy if possible." She was using heat and ice for additional relief but these were not helping much. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. This worker is beyond the early phase of pain treatment in which passive therapy to control pain would be expected to be beneficial. This worker has had physical therapy previously and should be in the active stage of therapy to restore flexibility, strength, endurance, function, and range of motion which can alleviate discomfort. 9-10 visits of therapy over 8 weeks with transition to a home program would be appropriate. This worker has had previous physical therapy and should already have an established home program that she should be continuing or resuming. Additional physical therapy, particularly just for the purpose of pain relief would not be expected to have any lasting benefit at this point. Furthermore, physical therapy 1-2 times weekly for 8 weeks is up to 16 visits and far exceeds the MTUS guidelines. The request is not medically necessary.