

Case Number:	CM15-0048033		
Date Assigned:	03/20/2015	Date of Injury:	03/03/2009
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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: Preventive Medicine, Occupational 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 34 year old female, who sustained an industrial injury on March 3, 2009. She reported prolonged pain with tingling, numbness in her upper extremities. The injured worker was diagnosed as having degenerative disc disease of C3-5 with minimal central canal stenosis of C4-5 level (MRI of 10/12/2009), bilateral upper extremity cervical radiculitis, sleep disturbance due to pain, and headaches. Treatment to date has included physical therapy, orthopaedic consultation, subacromial decompressions surgery of the right shoulder, injections and medications. Her prior course of physical therapy was discontinued due to increasing pain. She has had imaging of the upper extremities, cervical spine, and thoracic spine. An evaluation dated November 13, 2014 revealed the injured worker complained of neck, bilateral shoulder and bilateral wrist/hand pain. Her treatment plan at that time included work modifications, Saunder's home cervical traction unit, decadron series and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, two times a week for four weeks to the cervical spine: Upheld

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

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

Decision rationale: MTUS Guidelines support a total of 8-10 sessions of physical therapy as adequate for most chronic musculoskeletal conditions. There is documented to be prior courses of physical therapy with the prior one being halted due to lack of improvement and increased discomfort. A few sessions may be reasonable to repeat instruction in a safe exercise program and self protective behaviors, however a full course of another 8 sessions is not Guideline supported and there are no unusual circumstances to justify an exception to Guidelines. The request for physical therapy 2X4 sessions is not medically necessary.