

Case Number:	CM15-0053601		
Date Assigned:	03/30/2015	Date of Injury:	07/18/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: Arizona, California
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:

This 75 year old female sustained an industrial injury on 7/18/08. She subsequently reported neck injury. Diagnostic testing has included x-rays and MRIs. Diagnoses include cervical disc disease with radiculopathy. Treatments to date has included chiropractic care, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience neck pain with radiation to the upper extremities and headache. A request for 8 physical therapy visits was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified. 8-10 visits over 4 weeks. Reflex. sympathetic dystrophy (CRPS). 24 visits over 16 weeks. In this case, the claimant had already completed 12 sessions of therapy. The request for 8 more sessions would exceed the guideline recommendations. In addition, there was no indication that the claimant cannot perform exercised in a home based program. As a result, the request for 8 more sessions is not medically necessary.