

Case Number:	CM15-0056768		
Date Assigned:	04/01/2015	Date of Injury:	03/25/2013
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 36 year old female, who sustained an industrial injury on 3/25/2013. She reported right shoulder and low back pain after reaching for a large sample book. The injured worker was diagnosed as having cervical spine fusion on 10/22/2014, cervical radiculopathy, right shoulder impingement syndrome and thoracic spine radiculitis. Recent cervical computed tomography scan showed cervical fusion hardware and bone spurring with disc protrusion. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/10/2015, the injured worker complains of neck pain and right upper extremity pain. The treating physician is requesting 8 visits of physical therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 treatments (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This 36 year old female has complained of neck pain, right shoulder pain and low back pain since date of injury 3/25/13. She has been treated with cervical spine surgery, physical therapy and medications. The current request is for physical therapy, 8 treatments, cervical spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The available medical documentation indicates that the patient has been previously certified 12 visits of passive physical therapy. The certification, therefore, of additional physical therapy sessions is not indicated at this time. On the basis of the available medical records and per the MTUS guidelines cited above, physical therapy 8 treatments (cervical spine) is not medically necessary.