

Case Number:	CM15-0057075		
Date Assigned:	04/01/2015	Date of Injury:	12/04/2007
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old female, who sustained a work/ industrial injury on 12/4/07. She has reported initial symptoms of neck, shoulder, wrist, and elbow pain. The injured worker was diagnosed as having cervical/trapezial musculoligamentous sprain/strain, right shoulder sprain/strain and impingement, right elbow medial epicondylitis, right wrist sprain/strain, sleep loss and headaches. Treatments to date included medication, diagnostics, and physical therapy. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 9/29/14. Currently, the injured worker complains of increased pain in the cervical region with headaches and sleep loss. The treating physician's report (PR-2) from 1/9/15 indicated the injured worker had neck pain and discomfort, along with right shoulder, right elbow, and right wrist pain. Cervical spine palpation was tender to touch with limited range of motion due to pain. The right elbow was tender to palpation with limited flexion and extension. Treatment plan included 12 sessions of physical therapy 3 times a week for 4 weeks to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy 3 times a week for 4 weeks to the cervical spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions three times per week times four weeks to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; right upper extremity radiculopathy; 2 mm disc bulge C3 and 3 mm disc protrusion at C4 C5; right elbow sprain/strain; right wrist sprain/strain. The injured worker has received physical therapy quantity unknown. As of August 13, 2014, the injured worker has yet to complete 9 physical therapy sessions. Subjectively, the injured worker has neck pain and discomfort. There was also a pain in the right shoulder, right elbow and right wrist. There is no documentation with objective functional improvement referencing the initial 12 physical therapy sessions. The request for authorization was dated February 25, 2014. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The documentation does not contain compelling clinical facts to warrant additional physical therapy. Consequently, absent clinical documentation with objective functional improvement (from prior physical therapy) and compelling clinical facts to warrant additional physical therapy, 12 physical therapy sessions three times per week times four weeks to the cervical spine is not medically necessary.