

Case Number:	CM15-0059085		
Date Assigned:	04/03/2015	Date of Injury:	03/07/2014
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 59-year-old female, who sustained an industrial injury on 3/7/2014. She reported injury from a trip and fall from an elevator malfunction. The injured worker was diagnosed as having myofasciitis, cervical spondylosis, cervical sprain/strain and cervical disc degenerative disease. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care, acupuncture and medications. In progress notes dated 1/14/2015 and 3/10/2015, the injured worker complains of neck pain and migraines. The treating physician is requesting 8 additional physical therapy sessions for 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 for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with mid thoracic and cervical spine pain. The patient is status post right knee arthroscopy from 10/24/2014. The physician is requesting physical therapy for the cervical spine. The RFA dated 03/10/2015 shows a request for physical therapy to the cervical spine. The patient is date of injury is for 03/07/2014 and she is currently on modified duty. The current request is for physical therapy of the cervical spine and post-surgical guidelines for the knee do not apply. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia type symptoms. The physical therapy report from 02/18/2015 show visit number six. The patient reports continued discomfort since her last visit. She continues to progress in her exercises to address posture and endurance. The 02/20/2015 physical therapy report show visit number seven. The patient reports having not slept well due to experiencing back spasms throughout the night. She reports soreness from the new exercises added but does not report any increased pain. The MTUS guidelines page 8 on chronic pain require satisfactory response to treatment including increased levels of function, decreased pain or improve quality-of-life. Given the lack of functional improvement while utilizing physical therapy, the current request for an unlimited amount of physical therapy is not medically necessary.