

Case Number:	CM15-0081196		
Date Assigned:	05/04/2015	Date of Injury:	01/08/2014
Decision Date:	06/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female who sustained an industrial injury on 1/8/14. The injured worker reported symptoms in the cervical spine. The injured worker was diagnosed as having cervical spine degenerative joint disease/degenerative disc disease and cervical spine radiculopathy. Treatments to date have included oral analgesics, topical creams, activity modification, nonsteroidal anti-inflammatory drugs, nerve conduction study, and magnetic resonance imaging, physical therapy, occupational therapy, and acupuncture treatment. Currently, the injured worker complains of cervical spine discomfort. The plan of care was for physical therapy.

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 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 474.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for neck pain, left shoulder pain, and bilateral hand numbness and tingling. Case notes indicate that, since the date of injury, she has not had physical therapy. When seen, she had shoulder tenderness with tenderness over the biceps groove and acromioclavicular joint. She had neck pain and stiffness. In this case, the claimant is being treated for nonspecific neck pain. Guidelines recommend up to nine treatment sessions over eight weeks for this condition. The number of treatments being requested was in excess of that recommendation and therefore not medically necessary.