

Case Number:	CM15-0081966		
Date Assigned:	05/04/2015	Date of Injury:	09/21/2001
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/29/2015

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 54 year old male, who sustained an industrial injury on 9/21/01. The injured worker was diagnosed as having disc bulging at C4-5, status post anterior cervical fusion at C5-6 on 10/6/04, chronic left cervical radiculopathy, and lumbar spine strain. Treatment to date has included cervical fusion and home exercise. Physical examination findings on 3/19/15 revealed tenderness to palpation over the upper, mid, and lower paravertebral muscles and left trapezius. Increased pain with cervical motion and a mildly positive left Adson's maneuver was noted. Currently, the injured worker complains of cervical spine pain. The treating physician requested authorization for 12 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:

12 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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 additional physical therapy sessions to the cervical spine are 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 status post anterior cervical fusion C-5-C6 (2004); disc bulging C4-C5; chronic left cervical radiculopathy; and lumbar spine strain. Documentation from a July 1, 2014 progress note shows the worker received 12 physical therapy sessions to the cervical spine. There is no subsequent documentation demonstrating objective functional improvement progress notes. In a progress note dated March 19, 2015, the treating provider requested an additional 12 physical therapy sessions to the cervical spine. The documentation, subjectively, indicates the injured worker has continuous flare-ups of neck pain. Objectively, there is tenderness palpation over the upper, mid-and lower paravertebral muscles and left trapezius. There is increased pain with cervical motion. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy, the total number of physical therapy sessions to date and compelling clinical documentation indicating additional physical therapy is warranted, 12 additional physical therapy sessions to the cervical spine are not medically necessary.