

Case Number:	CM15-0082228		
Date Assigned:	05/04/2015	Date of Injury:	09/11/2010
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
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 37-year-old male, who sustained an industrial injury on 9/11/2010. The mechanism of injury is unknown. The injured worker was diagnosed as status post anterior cervical discectomy and fusion, brachial neuritis, cervico-brachial syndrome and muscle spasm. X-rays show intact anterior cervical discectomy and fusion construct. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/23/2015, the injured worker notes improvement in right hand sensation and has some tightness in the right shoulder area. The treating physician is requesting 6 visits of physical therapy 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 3 times a week for 2 weeks 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 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, physical therapy three times per week times two weeks for 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 brachial neuritis/radiculitis; cervicobrachial syndrome; and spasm of muscle. A request for authorization was documented on April 6, 2015 with two physical therapy sessions times four weeks to the cervical spine. This request for authorization was certified on April 14, 2015 reference number TR 173-2801. A second request for authorization (duplicate) was submitted on April 13, 2015 for physical therapy three times per week times two weeks for the cervical spine. This is a duplicate request. A notice of withdrawal was sent by the carrier to the treating provider, but has not been signed and returned. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, (duplicate request) physical therapy three times per week times two weeks for the cervical spine is not medically necessary.