

Case Number:	CM15-0084383		
Date Assigned:	05/06/2015	Date of Injury:	07/18/2008
Decision Date:	06/05/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/01/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 61-year-old female, who sustained an industrial injury on July 18, 2008. She reported falling, hitting her face, knees, neck, and nose, breaking her nose and teeth, losing consciousness. The injured worker was diagnosed as having cervical strain, trapezius strain, rhomboid strain, multiple trigger points in the cervical spine, ligament muscle strain and spasm, and left T6 cervical radiculopathy. Treatment to date has included physical therapy, MRI, chiropractic treatments, home exercise program (HEP), and medication. Currently, the injured worker complains of sharp, dull, aching pain into the cervical spine, with numbness, tingling, and burning sensations in the cervical spine and left upper extremity. The Primary Treating Physician's report dated October 27, 2014, noted the cervical spine with limited range of motion (ROM) by pain, and tenderness to palpation in the cervical paraspinals and tenderness to palpation in the trapezius and rhomboids. The Physician noted the injured worker with continuous and recalcitrant pain, without significant improvement. The injured worker was noted to have completed physical therapy, time, rest, and medications with no alleviation of the pain and minimal progression in the injured worker's care. A MRI of the cervical spine was noted to have findings of degenerative disc disease with neural foraminal stenosis. The treatment plan was noted to include an order for chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 continued sessions of physical therapy, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 99.

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

Decision rationale: Physical therapy in the form of passive therapy for the cervical spine is recommended by the MTUS Guidelines as an option for chronic neck pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was experiencing persistent neck pain. Records suggested that prior physical therapy and chiropractor passive treatments were used in the past, but notes only documented vague statements that say these methods helped. There were no measurable pain levels or functional gains related to this physical therapy to help justify any continuation. Without this supportive evidence of measurable benefit, the request for 6 additional physical therapy sessions for the cervical spine will be considered medically unnecessary at this time.