

Case Number:	CM15-0087880		
Date Assigned:	05/12/2015	Date of Injury:	07/10/2014
Decision Date:	06/11/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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 was a 31 year old female, who sustained an industrial injury, July 10, 2014. The injury was sustained during a dance class. The injured worker injured the left orbital and left thumb. The injured worker previously received the following treatments Naproxen, Topamax; cervical spine MRI showed straightening of the cervical lordosis indicative of muscle spasms, 12 sessions of physical therapy to the cervical neck and home exercise program. The injured worker was diagnosed with gait imbalance, forgetfulness, neck pain and left arm paresthesias. According to progress note of April 27, 2015, the injured workers chief complaint was headaches, gait imbalance, forgetfulness, and neck pain with left paresthesia which improved with physical therapy. The pain improved from 9 out of 10 to 5 out of 10 and now returned to 7 out of 10. The injured worker completed 12 sessions of physical therapy for the cervical spine in the past. The physical exam noted cranial nerves non-focal. There was normal strength and symmetric 5 out of 5 to the bilateral upper extremities. The coordination was preserved. The injured worker had a steady gait. The cervical neck range of motion was reduced by 15% with posterior extension and anterior flexion. There was mild diffuse cervical tenderness and left shoulder tenderness. The range of motion of the left shoulder had pain at extreme abduction. The treatment plan included for additional physical therapy to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back, physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 6 weeks, neck is not medically necessary and appropriate.