MAXIMUS Federal Services

Case Number:	CM15-0235136		
Date Assigned:	12/10/2015	Date of Injury:	08/17/2015
Decision Date:	01/20/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/01/2015

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 York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 8-17-2015. The injured worker was diagnosed as having C7 spinous process fracture, multilevel cervical spondylosis and loss of disc height, grade 1 anterolisthesis at C3-4, 2mm retrolisthesis C5-6, severe canal stenosis C6-7, severe bilateral foraminal stenosis C5-6, severe right and moderate left foraminal stenosis C4-5, and moderately severe right and severe left foraminal stenosis C3-4. Treatment to date has included diagnostics, cervical collar, physical therapy (12 sessions completed to 11-11-2015), and medications. On 11-11-2015, the injured worker complains of constant dull and stabbing neck pain, pain no longer radiating to the arms, and reported increased range of motion. She denied numbness in her arms. Pain was not rated 10-14-2015 and 9-02-2015, and complaints on that day were unchanged. She reported utilizing one-half tablet of Norco in the am and pm (unchanged from 10-14-2015 and Norco use was noted but not detailed on 9-02-2015). Exam of the cervical spine noted normal cervical lordosis, moderate tenderness to palpation to the cervical midline and bilateral trapezii, no tenderness to palpation in the medial scapular borders, absent muscle spasm of the paracervical muscles, "moderately decreased" and painful range of motion ("markedly restricted in all planes with pain" on 10-14-2015), muscle strength 5 of 5 in the upper extremities, and sensation intact. Work status remained total temporary disability. The treatment plan included additional physical therapy, noting "significant progress with physical therapy with increased range of motion and her pain level has decreased to 4 out of 10". The submitted medical records did not include progress reports from physical

therapy visits 6-12. On 11-19-2015 Utilization Review non-certified a request for physical therapy for the cervical spine, 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical spine, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the patient has completed 12 prior sessions of physical therapy and there is no clinical information that warrants the continuation of physical therapy beyond guideline recommendations. The request for 12 physical therapy sessions is not medically necessary and appropriate.