

Case Number:	CM14-0114666		
Date Assigned:	08/29/2014	Date of Injury:	12/05/2012
Decision Date:	10/14/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year old female who was reportedly injured on 12/05/2012. The injured worker has been diagnosed with cervicalgia, intervertebral disc disorders and unspecified myalgias and myositis. The injured worker underwent physical therapy for the cervical spine which was accomplished between 03/20/2014 and 05/04/2014. The injured worker was most recently evaluated on 06/05/2014 for the neck pain complaints. Upon examination there was noted tenderness to palpation in the cervical spine. Full range of motion was noted. Spurling's test was noted to be negative. Pain was worsened with range of motion of the neck in flexion, rotation and lateral flexion. Normal sensation was noted in the bilateral upper extremities. Deep tendon reflexes were noted to be equal and symmetric. Motor strength in the left hand and left elbow flexion were graded 4/5. A physical therapy progress note dated 05/21/2014 documented improvement in tenderness to palpation. Left shoulder range of motion was within normal limits. Range of motion in the neck was minimally improved. Pain complaints were noted to have increased from the initial evaluation to the reevaluation on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten additional physical therapy for the cervical spine for two times a week for five weeks, as an outpatient.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommends 9 PT visits over 8 weeks for cervicalgia / intervertebral disc disorders without myelopathy. In this case, the injured worker has already received unknown number of physical therapy visits. However, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.