

Case Number:	CM14-0117419		
Date Assigned:	09/10/2014	Date of Injury:	08/15/2011
Decision Date:	10/08/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/26/2014

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 40 year old female who sustained a work related injury on 08/15/11. She had physical therapy two times a week for six weeks and acupuncture therapy for four to five weeks. The injured worker reported pain in the shoulder and neck. She also had occasional bilateral hand pain, numbness as well as a pins and needle sensation. She had anterior cruciate ligament surgery in 2002. She is allergic to Compazine or anti-nausea drugs. An exam showed tenderness and decreased range of motion of the cervical spine. She had a positive Hoffman's test on the right side. There was decreased sensation in C4, C5, C6, C7 and T1 dermatomes. Currently, she is on ibuprofen. A cervical spine magnetic resonance imaging scan dated 9/12/11 revealed disc space narrowing and moderate to severe left neural foraminal narrowing at C4-C5 and C5-C6. There was mild disc desiccation with no central canal or right neural foraminal narrowing at C6-C7. There was no crepitation with decreased range of motion in flexion and extension as well as decreased side to side and lateral rotation. The injured worker was given a platelet rich plasma injection on 09/26/11. The diagnoses include cervical herniated nucleus pulposus pain, radiculopathy, and stenosis/sprain. She had extensive therapy including massage therapy, acupuncture, chiropractic sessions and physical therapy for this injury. As per the report of 5/21/14, she completed 6 sessions of physical therapy which helped with her symptoms. She currently receives massage therapy 2 times per week which she states has helped her symptoms. She has also tried ibuprofen to help manage her pain symptoms. The request for physical therapy for the cervical spine-12 visits (2 times per week for 6 weeks) was denied on 07/26/2014 due lack of significant improvement from previous physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL SPINE-12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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, Physical Therapy

Decision rationale: As per the California Medical Treatment Utilization Schedule 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. Official Disability Guidelines recommend 9 visits over 8 weeks for intervertebral disc disorders without myelopathy. In this case, the injured worker has already received 12 physical therapy visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level such as visual analog scale, range of motion, strength, 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 physical therapy visits would exceed the guidelines criteria. Furthermore, there is no mention of the injured worker utilizing a home exercise program. At this juncture, this injured worker should be well-versed in an independently applied home exercise program to address residual complaints and maintain functional levels. Therefore, the request for Physical Therapy is considered not medically necessary or appropriate in accordance with the guideline.