

Case Number:	CM14-0120083		
Date Assigned:	08/06/2014	Date of Injury:	06/25/2012
Decision Date:	10/08/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/30/2014

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 55 year old female who reported a date of injury of 06/25/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of chronic cervical strain/sprain and multilevel degenerative disc disease. Prior treatments included physical therapy. The injured worker had a MRI of the cervical spine on 05/08/2014 with official findings indicating mild reversal of a normal cervical lordosis centered at C4-5, multilevel degenerative disc disease and joint disease within the cervical spine. Surgeries were not indicated within the medical records received. The injured worker had complaints of increased neck pain. The clinical note dated 05/09/2014 noted the injured worker had tenderness to palpation of the cervical spine. Range of motion of the cervical spine showed 35 degrees of flexion and extension, 45 degrees of right and left side bending and 60 degrees of right and left rotation. There was no evidence of radicular pain in the upper extremities. The neurological exam, sensations to touch of the dermatomes and motor strength were all within normal limits. Medications included Nortriptyline, Topamax, Naproxen, Flexeril and Flector patches. The treatment plan included a trial of returning to work without restrictions and follow up in 4 weeks. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks to the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for Physical Therapy 3 times a week for 4 weeks to the cervical spine is not medically necessary. The injured worker had complaints of increased neck pain. The California MTUS guidelines recommend physical therapy as an active therapy 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. Patients are instructed and expected to continue therapies at home to maintain improvement levels. The guidelines recommend 9-10 visits over 8 weeks, allowing for fading of treatments from 3 visits a week to 1 or less. There is a lack of documentation of the injured worker's functional gains to demonstrate the injured worker has benefitted from physical therapy. The injured worker is noted to have completed 2 of 8 approved sessions as of 01/21/2014. The guidelines recommend 9-10 visits over 8 weeks, the request for an additional 12 sessions would exceed the recommended guidelines. As such, the request is not medically necessary.