

Case Number:	CM14-0141263		
Date Assigned:	09/10/2014	Date of Injury:	09/15/2004
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 50 year old female who reported an injury on 09/15/2004. The mechanism of injury occurred due to a fall. Her diagnoses included cervical disc herniation, cervical radiculitis, and cervical sprain/strain. Her past treatments consisted of medications, physical therapy, 8 lumbar chiropractic treatments and 8 cervical chiropractic treatments. The injured worker's diagnostic exams were not indicated in the clinical notes. Her surgical history was not indicated in the clinical notes. On 09/09/2014, she complained of constant sharp, achy pain in the neck, which she rated 9/10. She reported pain into her right upper arm and mid back. The worst discomfort was caused by prolonged walking, sitting, and standing. She also had difficulties with activities of daily living. The physical exam revealed decreased range of motion to the cervical spine. Her range of motion values were, 30 degrees of flexion, 30 degrees of extension, 15 degrees of right lateral flexion, 10 degrees of left lateral flexion, 40 degrees of right rotation, and 41 degrees of left rotation. Her positive neurological exams included a Jackson's Compression test, Shoulder Depression test, Distraction test, and Spurling's test. There was also tenderness to palpation over the cervical paraspinal and thoracic region. Her medications consisted of Tylenol with Codeine, muscle relaxers, anti-inflammatories, Lyrica, and Ambien. The treatment plan included additional physical therapy 2 times a week for 4 weeks to the cervical spine. The rationale for the request is to relieve pain and inflammation. The request for Authorization form was signed and submitted on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Physical therapy guidelines

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

Decision rationale: The request for additional physical therapy 2 times a week for 4 weeks to the cervical spine is not medically necessary. The California MTUS Guidelines recommend physical medicine based on the philosophy that therapeutic exercise and activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 8-10 visits over 4 weeks for radiculitis. Based on the clinical notes, the injured worker continued to have significant pain complaints despite multiple sessions of physical therapy. The clinical notes do not clearly indicate the total number of sessions she had since the initial injury. A physical therapy note dated 06/12/2014, indicated that the injured worker made mild improvements in range of motion and strength and that she demonstrated a readiness for discharge. Her pain level at that time was 7/8-10. It was also noted the injured worker had abnormal neurological test results. Her ranges of motion values on 06/12/2014 were, 23 degrees of flexion, 43 degrees of flexion, and 64 degrees of right rotation and 55 degrees of left rotation. The most recent clinical note indicates that her quantitative flexion, rotation, and extension improved since 06/2014. The indication of decreased function and range of motion would warrant additional physical therapy. However, there is lack of documentation that indicated the total number of physical therapy visits she received prior to the request. In addition, the request for 8 additional sessions exceeds the guideline recommendations. Therefore, due to lack of documentation indicating the number of physical therapy sessions previously completed, the request is not supported. Thus, the request for additional physical therapy 2 times a week for 4 weeks to the cervical spine is not medically necessary.