

Case Number:	CM14-0144135		
Date Assigned:	09/12/2014	Date of Injury:	04/05/2011
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 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 patient is a 55-year-old female who has submitted a claim for displacement cervical disc without myelopathy associated with an industrial injury date of April 5, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of cervical radiculopathy. Examination showed spasms, guarding, and loss of lordosis and kyphotic deformity of in the neck. Tinel's was positive. Shoulder abduction was up to 70 degrees. MRI showed a kyphotic deformity at C3-C4 with central cord impingement at C4-C5 anterolisthesis and a C5-C6 broad-based bulge. EMG was positive for carpal tunnel. Treatment to date has included medications and a cervical ESI one year ago with minimal relief. Utilization review from August 25, 2014 modified the request for 12 Initial Physical Therapy (Land-Based) visits for the Cervical Spine. 1-2 times a week for 6 weeks, as an outpatient to 6 initial visits. The reason was not provided in the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Initial Physical Therapy (Land-Based) visits for the Cervical Spine. 1-2 times a week for 6 weeks, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, www.odg-twc.com

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

Decision rationale: According to Page 98 of the CA MTUS guidelines, the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks and for neuralgia, neuritis and radiculitis is 8-10 weeks over 4 weeks. In this case, the patient was diagnosed with displacement cervical disc without myelopathy. She may benefit from physical therapy. However, the requested number of visits of 12 exceeds that recommended by the guidelines. Additional visits may be requested depending on the patient's response to the initial PT visits. Therefore, the request for 12 Initial Physical Therapy (Land-Based) visits for the Cervical Spine. 1-2 times a week for 6 weeks, as an outpatient is not medically necessary.