

Case Number:	CM14-0148829		
Date Assigned:	09/18/2014	Date of Injury:	04/09/2012
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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 patient is a 56-year-old female who has submitted a claim for cervicobrachial syndrome associated with an industrial injury date of 04/09/2012. Medical records from 04/09/2012 to 01/10/2014 were reviewed and showed that patient complained of neck pain (pain scale not graded). Physical examination revealed tenderness over cervical paraspinal muscles, decreased ROM, hypesthesia along left middle finger, hyporeflexia of brachioradialis tendon, intact motor strength of bilateral upper extremities, and positive Spurling's tests bilaterally. MRI of the cervical spine dated 05/06/2012 revealed C6-7 disc narrowing with mild to moderate bilateral facet arthrosis, severe left and moderate right foraminal stenosis, and central canal narrowing. Treatment to date has included 12 visits of physical therapy, acupuncture, and pain medications. Of note, patient had excellent benefit from PT (01/10/2014). Utilization review dated 08/06/2014 denied the request for 12 sessions of physical therapy for the cervical spine (2 x 6) because measurable objective of functional goals of PT were not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the cervical spine (2 x 6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Physical Therapy Guidelines

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

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient complained of neck pain. However, medical records submitted for review were from 04/09/2012 to 01/10/2014. The patient's current clinical and functional status is unknown. Therefore, the request is not medically necessary.