

Case Number:	CM14-0154404		
Date Assigned:	09/24/2014	Date of Injury:	05/05/2008
Decision Date:	03/23/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 report was from the utilization review report and the physical therapy records. The injured worker is a 44 year old female patient, who sustained an industrial injury on 06/05/2008. She is reported to have had a total of 14 sessions of physical therapy in 2014, a session within 08/2014. Subjective complaints: She is reported to have had minimal neck pain a few days prior, when symptoms increased with no specific identifiable cause. She reported the pain as a 4 out of 10 in intensity. Objective findings revealed moderate tenderness to palpation at the left upper trapezius, left cervical paraspinals to the occiput, over the left side of C1. The range of motion of the cervical spine was: rotation 65 degrees right and 75 degrees left; cervical flexion at 40 degrees and extension at 45 degrees. The assessment noted continued persistent pain but she had gained significant range of motion in the cervical spine; may benefit from further skilled therapy. The diagnosis was cervical disc degeneration. On 09/12/2014 Utilization Review non-certified a request for physical therapy 6 sessions treating the neck, noting the CA MTUS Physical Therapy was cited. The injured worker submitted an application for independent medical review of requested services on 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 sessions to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

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

Decision rationale: The injured worker sustained a work related injury on 06/05/2008. The medical records provided indicate the diagnosis of cervical disc degeneration. The medical records provided for review do not indicate a medical necessity for Physical therapy 2 x 3 sessions to the cervical spine. The record indicates she had 14 sessions in 2014, the most recent being the six sessions she had in 08/2014. The request was for additional six sessions, ordered around 09/2014. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The maximum number allowed for chronic pain, except reflex sympathetic dystrophy is 10 visits over 4-8 weeks.