MAXIMUS Federal Services

Case Number:	CM14-0212428		
Date Assigned:	01/02/2015	Date of Injury:	06/09/2011
Decision Date:	02/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/18/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 male who has submitted a claim for cervicalgia, cervicobrachial syndrome, chronic pain syndrome, cervical spondylosis and cervical discdisplacement associated with an industrial injury date of June 9, 2011. Medical records from 2014 were reviewed. The patient complained of persistent neck pain described as shooting and radiating to both shoulders. Aggravating factors included heavy weight lifting, prolonged standing and exertion. Alleviating factors included bed rest, lying down and epidural steroid injection. Physical examination of the cervical spine showed generalized tenderness, coarse crepitus, rigid muscle tone, positive Spurling's test, and diminished sensation. The CT scan of the cervical spine from June 9, 2011 showed degenerative arthritic changes of the cervical spine. Treatment to date has included cervical epidural steroid injections on November 11, 2013 and March 11, 2013, left cubital tunnel release on September 27, 2013, physical therapy and medications. The utilization review from December 10, 2014 denied the request for 12 physical therapy visits for cervical spine evaluation because of lack of documentation concerning subjective complaints to warrant physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with Evaluation (12-sessions, for the Cervical Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: As stated on page(s) 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient complained of persistent neck pain described as shooting and radiating to both shoulders. Aggravating factors included heavy weight lifting, prolonged standing and exertion. Alleviating factors included bed rest, lying down and epidural steroid injection. Physical examination of the cervical spine showed generalized tenderness, coarse crepitus, rigid muscle tone, positive Spurling's test, and diminished sensation. The CT scan of the cervical spine from June 9, 2011 showed degenerative arthritic changes of the cervical spine. The patient completed a previous course of physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the duration of injury, it is unclear why the patient is still not versed to perform a home exercise program in addressing residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for 12 physical therapy visits for cervical spine evaluation is not medically necessary.