

Case Number:	CM14-0215560		
Date Assigned:	01/05/2015	Date of Injury:	07/30/2014
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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 46 year old female with an injury date of 07/30/14. Per the 10/17/14 upper extremity consultation report, the patient presents with constant neck pain with daily severe headaches along with upper, mid and lower back pain. Grasp in the right hand has worsened since July 2014 and she frequently drops things. The patient is not working. Examination shows tenderness over the C7, 6 processes with 2+ tenderness for the left and right trapezius. The treater cites x-rays of the cervical spine showing marked narrowing at C5-6 with anterior and posterior osteophytes and moderate narrowing at C6-7 with osteophytes. The oblique view suggests foraminal impingement at these levels. The patient?s diagnosis is: long standing cervical osteoarthritis with radiculopathy, with acute exacerbation thereof secondary to slip and fall on 07/30/14. Medications are listed as Soma. The patient states she does not take the prescribed Medrol Dosepak. The utilization review is dated 12/16/14. One treatment report was provided for review dated 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - Thoracic, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with constant neck pain, daily severe headaches and pain in the upper, mid and lower back along with decreased grasp in the right hand. The current request is for physical therapy thoracic cervical spine. The RFA is not included. The 12/16/14 utilization review does not state the date of the request. The utilization review states this request is for extended physical therapy 2 x 6. The MTUS pages 98-99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The 10/17/14 report states: Acupuncture 2-3 times a week and physical therapy 3 times a week (helps). Acupuncture and physical therapy offer no long lasting relief. The treatment plan states acupuncture and physical therapy are to be continued twice a week until electro-diagnostic results are available. The physician does not discuss the number of sessions provided. The utilization review shows that 6 sessions for the cervical spine was certified 08/15/14 and 6 sessions for the thoracic spine was certified 08/19/14. The UR further states the patient has received 10 sessions. No physical therapy treatment reports are provided for review. The reports do not show a discussion of objective goals for extended therapy or of transfer to a home treatment program. Furthermore, it appears the 12 requested sessions combined with the 10-12 sessions received and/or certified exceed what is allowed per guidelines. The request is not medically necessary.