

Case Number:	CM14-0219347		
Date Assigned:	01/09/2015	Date of Injury:	06/10/1997
Decision Date:	03/05/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	12/31/2014

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:

This is a 62 year old female with a date of injury of June 10, 1997. The mechanism of injury is unknown. On October 23, 2014, the injured worker complained of left upper extremity pain and right upper extremity pain. The pain was rated as a 7 on the 1-10 pain scale. She reported that her bilateral upper extremity pain had increased by 50%. She also reported increased severe pain in the neck radiating down the arms and down to the lower back with a burning sensation in the neck to the lower back. An MRI of the cervical spine showed disc bulges and stenosis. Diagnoses include occipital neuropathy, occipital neuralgia, cervical spine musculotendiniligamentous injury, cervical spine disc bulging, cervical spine radiculopathy, shoulder scapulo-thoracic musculo-tendinous injury, shoulder impingement syndrome, shoulder rotator cuff tear, acromioclavicular sprains and strains, rotator cuff tendinitis and musculotendiniligamentous injury of the shoulder Treatment modalities included medication, home exercises and a heating pad. She stated that medication is helping. A request was made for 12 physical therapy sessions 3x week for 4 weeks for the neck as outpatient. On December 31, 2014, utilization review denied the request citing ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions, three times a week for four weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter (acute and chronic)

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 June 10, 1997. The medical records provided indicate the diagnosis of occipital neuropathy, occipital neuralgia, cervical spine musculotendinoligamentous injury, cervical spine disc bulging, cervical spine radiculopathy, shoulder scapulo-thoracic musculo-tendinous injury, shoulder impingement syndrome, shoulder rotator cuff tear, acromioclavicular sprains and strains, rotator cuff tendinitis and musculotendinoligamentous injury of the shoulder. Treatment modalities included medication, home exercises and a heating pad. The medical records provided for review do not indicate a medical necessity for 12 physical therapy sessions, three times a week for four weeks for the neck. The MTUS allows a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine: Myalgia and myositis, unspecified: 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks, and Reflex sympathetic dystrophy (CRPS) ; 24 visits over 16 weeks. Based on the above the maximum allowed physical therapy for this injured workers condition is a total of 10 visits. The requested treatment is not medically necessary and appropriate.