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| Case Number: | CM15-0001323 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 05/19/2011 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 53 year old female sustained work related industrial injuries on May 19, 2011. The injured worker subsequently complained of pain in left upper extremity and neck .The injured worker was diagnosed and treated for chronic cervical pain. Treatment to date has included diagnostic studies, prescribed medications, cervical fusion (6/10/11), consultations and periodic follow up visits. Per treating provider report dated 11/18/2014, the injured worker currently complains of cervical pain with left upper extremity symptoms. Physical exam revealed tenderness of the cervical spine with limited range of motion. The treating physician prescribed services for 12 physical therapy visits for the cervical spine now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescription for 12 physical therapy visits for the cervical spine. Upon review of the clinical information, UR modified the request to 10 physical therapy visits for the cervical spine between 10/21/2014 and 1/24/2015. The MTUS was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of 12 physical therapy visits for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 12 physical therapy treatments surpasses the number of six recommended for clinical trial. The request should not be authorized.