

Case Number:	CM15-0008591		
Date Assigned:	01/26/2015	Date of Injury:	03/26/2012
Decision Date:	03/26/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/14/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 56-year-old female who reported an injury on 03/26/2012 due to a fall. It was noted that she had radicular pain and had undergone a C3-7 ACDF on 02/04/2014 and was gradually improving with neck pain rated at a 6/10. A physical examination showed normal gait with a slightly rigid spine. She was able to heel and toe walk and tandem walk without difficulty and heel rise without difficulty. There was tenderness to palpation throughout the neck and upper trapezius region. Strength was a 5/5 throughout the bilateral upper and lower extremities and there was decreased sensation in the right upper extremity at the C5-6 distribution. Range of motion was noted to be within functional limits in all directions but with increased pain. She was diagnosed with central canal stenosis, cervical myelopathy, cervical herniated disc at the C5-6 and C6-7, and status post cervical spine surgery. The treatment plan was for 12 additional physical therapy visits 3 times per week for 4 weeks for the neck. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy visits, 3 times per week for 4 weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 58-59.

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. The clinical documentation submitted for review indicates that the injured worker has already been attending physical therapy. However, further clarification is needed regarding how many sessions of physical therapy she attended as well as her response to those sessions in terms of a quantitative decrease in pain or an objective improvement in function. Also, the number of sessions being requested exceeds the guidelines' recommendations. No exceptional factors were noted to support exceeding the guidelines and therefore, the request is not supported. Given the above, the request is not medically necessary.