

Case Number:	CM15-0102727		
Date Assigned:	06/05/2015	Date of Injury:	08/05/2014
Decision Date:	07/03/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43-year-old female, who sustained an industrial injury on August 5, 2014. The injured worker reported neck and right shoulder pain with numbness and tingling in the right hand and fingers. She reports nonspecific injury causing the pain. The injured worker was diagnosed as having myoligamentous cervical strain/sprain and cervical spondylosis. Treatment to date has included x-rays, magnetic resonance imaging (MRI), physical therapy and medication. A progress note dated April 28, 2015 provides the injured worker complains of right shoulder and arm pain. She rates the pain 2-3/10 at rest and 5-6/10 with activity. Physical exam notes tenderness on palpation of the cervical spine, thoracic area and right trapezius area. The plan includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 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: This 43 year old female has complained of neck pain and right shoulder pain since date of injury 8/5/14. She has been treated with physical therapy and medications. The current request is for physical therapy 2 x 4 cervical spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis. The patient has already received this number of passive physical therapy sessions. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Physical therapy 2 x 4 cervical spine is therefore not indicated as medically necessary.