

Case Number:	CM15-0013033		
Date Assigned:	01/30/2015	Date of Injury:	11/10/2010
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial injury on 11/10/2010. The diagnoses have included cervical arthrosis with radiculopathy and tension headaches, trapezial and paracervical strain, right cubital tunnel syndrome, and status post right lateral epicondylar repair. Treatments to date have included physical therapy and medications. Diagnostics to date have included cervical spine MRI on 03/17/2014 revealed a C5-6 disk protrusion with central canal stenosis, spinal cord impingement, and moderate neural foraminal stenosis. In a progress note dated 12/18/2014, the injured worker presented with complaints of pain in her neck with constant headaches and pain extending into the right shoulder and arm. The treating physician reported the injured worker has still not undergone the cervical spine surgery recommended by another physician. Utilization Review determination on 01/12/2015 modified the request for 12 Physical Therapy Visits to 4 Physical Therapy Visits citing Medical Treatment Utilization Schedule and Official Disability Guidelines. It noted that 6 sessions for the cervical spine had been completed without evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of 6 prior PT sessions to the cervical spine, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.