

Case Number:	CM15-0014165		
Date Assigned:	02/02/2015	Date of Injury:	04/29/2014
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 4/29/2014. The diagnoses have included cervical stenosis, mild cervicgia, cervical strain, tendonitis/bursitis, shoulder pain and cervical radiculopathy. Treatment to date has included pain medications, therapy for the right shoulder and right shoulder injections. According to the progress report dated 12/19/2014, the injured worker continued to have discomfort and pain in the neck with radiation down the arm. There was some numbness and tingling down the arm. Physical exam revealed decreased range of motion of the cervical spine with mild pain. Authorization was requested for physical therapy. On 12/31/2014 Utilization Review (UR) non-certified a request for physical therapy two times a week for four weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X 4 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Neck and Upper Back, Acute and Chronic, Physical therapy

Decision rationale: The requested Physical Therapy 2 X 4 Cervical Spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has pain in the neck with radiation down the arm. There was some numbness and tingling down the arm. The treating physician has documented decreased range of motion of the cervical spine with mild pain. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy 2 X 4 Cervical Spine is not medically necessary.