

Case Number:	CM15-0014624		
Date Assigned:	02/02/2015	Date of Injury:	05/10/2011
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
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, 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 45-year-old male who reported an injury on 05/10/2011 after loading 5 gallon containers onto his truck. On 12/23/2014, he presented for a followup evaluation regarding his work related injury. He reported cervicgia and neurogenic headaches as well as occipital neuralgia. A physical examination of the cervical spine showed full range of motion and mild tenderness to palpation of the midline through the upper cervical musculature and tenderness at the base of the right occiput. He had full strength throughout and decreased sensation in the right C5 and C6 dermatomes. He was diagnosed with neuropathic pain due to radiation, cervicgia, myofascial muscle pain, balance disturbance due to old head injury, depression due to head injury, cervical radicular pain, erectile dysfunction, insomnia, and cervical occipital neuralgia of the right side. The treatment plan was for 12 sessions of physical therapy. 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 sessions of physical therapy: Upheld

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

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. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine. However, there is a lack of documentation showing that he has any significant functional deficits that support the request for physical therapy treatment. Also, the body part for which physical therapy would be performed on was not stated within the request. Also, the number of sessions being requested exceeds guideline recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.