

Case Number:	CM15-0015614		
Date Assigned:	02/03/2015	Date of Injury:	04/13/1993
Decision Date:	03/19/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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 56 year old female who sustained an industrial injury on 04/13/1993. The current diagnoses include cervical disc displacement, degeneration of cervical intervertebral disc, cervical radiculitis, postlaminectomy syndrome of cervical region, fibromyalgia, and headache. Treatments to date include medication management, injection, surgery, and physical therapy. Report dated 01/06/2015 noted that the injured worker presented with complaints that included neck pain with heavy pressure that radiates to the lower spine, upper extremity numbness, tingling, weakness, heaviness, hand edema, decreased grip strength, and headaches. Physical examination was positive for abnormal findings. The utilization review performed on 01/13/2015 non-certified a prescription for 12 physical therapy sessions based on the lack of adequately documented functional improvement from prior physical therapy. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy Guidelines

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

Decision rationale: This 56 year old female has complained of neck pain since date of injury 4/13/93. She has been treated with surgery, injections, physical therapy and medications. The current request is for 12 physical therapy sessions. 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, as in this case. The medical necessity for continued passive physical therapy is not substantiated as there is no evidence of improvement following prior physical therapy treatments. On the basis of the available medical records and per the MTUS guidelines cited above, the request for 12 sessions of physical therapy is not indicated as medically necessary.