MAXIMUS Federal Services

Case Number:	CM15-0115048		
Date Assigned:	06/23/2015	Date of Injury:	03/10/2015
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts
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 50-year-old male, who sustained an industrial/work injury on 3/10/15. He reported initial complaints of neck and upper extremity pain, L>R. The injured worker was diagnosed as having herniated nucleus pulposus at C5-6 and C6-7, radiculopathy and radiculitis, facet syndrome at the cervical spine. Treatment to date has included medication, physical therapy (6 sessions), and modification of activities. MRI results were reported to demonstrated disc protrusion at C5-6 and C6-7. Currently, the injured worker complains of neck and upper extremity pain bilaterally, L>R, with numbness and weakness especially in the shoulder area. Pain was 5/10 at best and 8/10 at worst. Per the primary physician's progress report (PR-2) on 5/14/15, examination revealed cervical tenderness with palpable spasm over C4-C7 and limited range of motion, motor strength of 5-/5 in the left brachioradialis and triceps and otherwise intact bilaterally, with sensation decreased in bilateral upper extremities. Spurling's test was positive. Current plan of care included x-rays, physical therapy, EMG (electromyography)/NCS (nerve conduction velocity study). The requested treatments include physical therapy, additional, to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, additional 2 times wkly for 6 wks, 12 sessions, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck chapter - Physical Therapy (PT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in March 2015 and continues to be treated for radiating neck pain. When seen, there had been 50% improvement after six therapy sessions. There was decreased and painful cervical spine range of motion with muscle spasms and pain with palpation. There was decreased left upper extremity strength and bilateral upper extremity sensation.Guidelines recommend up to 10-12 visits over 10 weeks for this condition. In this case, the claimant has already had physical therapy with improvement. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.