

Case Number:	CM15-0118048		
Date Assigned:	06/30/2015	Date of Injury:	01/29/2014
Decision Date:	07/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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 54 year old male, who sustained an industrial injury on 01/29/2014. He reported that he injured his cervical spine and right shoulder secondary to lifting and inspecting merchandise. The injured worker was diagnosed as having right upper extremity cervical radiculopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right shoulder, medication regimen, magnetic resonance imaging of the thoracic spine, electromyogram with nerve conduction study, and physical therapy. In a progress note dated 05/09/2015 the treating physician reports complaints of pain to the right base of the neck along with pain to the right interscapular region. Examination reveals a 60% loss of motion to the cervical spine and tenderness to the right interscapular region. The injured worker rates his pain level a 6 out of 10. A qualified medical evaluation performed on 02/21/2015 noted prior physical therapy with an unknown quantity that included deep tissue massage that resulted in an increase in pain restricting the injured worker's right arm movements. The documentation did not indicate any prior functional improvement secondary to prior physical therapy. The treating physician requested physical therapy two times a week times four weeks for the neck with cervical traction, but the documentation provided did not indicate the specific reason for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week times four weeks for the neck with cervical traction:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for neck and right shoulder pain. When seen, pain was rated at 6/10. There was interscapular tenderness. There was limited cervical spine range of motion. Norco was prescribed and physical therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommendation or what might be needed to establish a home exercise program. The request was not medically necessary.