

Case Number:	CM15-0118113		
Date Assigned:	06/26/2015	Date of Injury:	09/05/2007
Decision Date:	07/27/2015	UR Denial Date:	05/21/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 64-year-old male, who sustained an industrial injury on September 5, 2007. The injured worker was diagnosed as having chronic pain syndrome of the neck and upper right extremity, possible cervical radiculopathy and pain related insomnia and depression. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), psychological evaluation, electromyogram, Nirschl procedure and oral and topical medication. A progress note dated May 14, 2015 provides the injured worker complains of worsening neck pain. Physical exam notes right shoulder tenderness with positive impingement sign. The right elbow is tender on palpation and there is wrist numbness and tingling. The cervical and paracervical area is tender on palpation with decreased range of motion (ROM). The plan includes physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for the cervical spine: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks of the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain syndrome neck and right upper extremity; possible cervical radiculopathy versus right brachial plexopathy; neuropathic pain syndrome right upper extremity; pain related insomnia, depression; and left lateral epicondylitis. The utilization review provider initiated a peer-to-peer conference call with the treating provider. The provider indicated it has been several years since the injured worker received physical therapy to the cervical spine. There was no documentation in the medical record of physical therapy nor was there an indication of the total number of physical therapy sessions to date. However, there was an agreement for a six-visit physical therapy clinical trial. The treating provider requested eight sessions of physical therapy. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and a peer-to-peer conference call with an agreement for a six visit clinical trial, physical therapy two times per week times four weeks of the cervical spine is not medically necessary.