

Case Number:	CM15-0126025		
Date Assigned:	07/10/2015	Date of Injury:	09/16/1994
Decision Date:	08/12/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 53 year old female, who sustained an industrial injury on 9/16/1994. Diagnoses have included cervical neck pain, painful arm and cervical disc displacement without myelopathy. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), steroid injections and medication. According to the clinic consultation dated 5/12/2015, the injured worker complained of neck pain with radiating pain down the right arm. She reported intermittent paresthesias in her right arm and hand. She had tried physical therapy in the past with no relief of pain. According to the neurology progress report dated 6/3/2015, the injured worker reported improving right arm pain. She complained of some intermittent, residual neck pain. She stated she had a feeling of some right arm weakness and intermittent right arm tingling. She rated the pain as 4/10. Physical exam was noted to be unchanged except for significant improvement in her right triceps weakness. Authorization was requested for a physical therapy evaluation and physical therapy twice a week for twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation: Upheld

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

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.

Decision rationale: ODG recommends up to 10 visits of physical therapy for cervical disc displacement. The patient has already received PT exceeding ODG and recent therapy has not resulted in any measurable reduction in symptoms or improved function. The patient is considered a surgical candidate due to the symptomatic disc herniation. The medical records do not indicate why an additional evaluation is medically necessary or why additional therapy will have a different outcome than prior therapy. This request for a physical therapy evaluation is not medically necessary.

Physical therapy 2 times a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Neck & Upper Back Procedure Summary.

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.

Decision rationale: ODG recommends up to 10 visits of physical therapy for cervical disc displacement. The patient has already received PT exceeding ODG and recent therapy has not resulted in any measurable reduction in symptoms or improved function. The patient is considered a surgical candidate due to the symptomatic disc herniation. The medical records do not indicate why additional therapy is medically necessary or why additional therapy will have a different outcome than prior therapy. This request for a physical therapy evaluation is not medically necessary.