

Case Number:	CM15-0128746		
Date Assigned:	07/15/2015	Date of Injury:	12/23/2012
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/02/2015

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

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 December 23, 2012, incurring neck and back injuries due to cumulative trauma. She was diagnosed with repetitive strain injury, cervicalgia, and lumbago. Treatments included physical therapy, home exercise program, acupuncture, Chinese massage, chiropractic sessions, neck bracing, heating pad, medication management and activity modification. Electromyography studies were unremarkable. Currently, the injured worker complained of persistent pain and decreased range of motion of the right upper arm, lower back and neck. The treatment plan that was requested for authorization included physical therapy for the neck, right upper extremity and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 visits for the neck, right upper extremity and back/low back: Upheld

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

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

Decision rationale: The 56 year old patient complains of neck pain, shoulder pain, arm pain, leg pain, chronic headaches, insomnia, anxiety and depression, as per progress report dated 06/23/15. The request is for Physical Therapy X 6 Visits For The Neck, Right Upper Extremity, And Back/Low Back. There is no RFA for the case, and the patient's date of injury is 12/23/12. Diagnoses, as per progress report dated 06/23/15, included cervicalgia, lumbago, repetitive strain injury, r/o cervical and lumbar radiculopathy, and delayed recovery. Current medications included Celebrex, Mirtazepine, Voltaren gel, Omeprazole and Cyclobenzaprine. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater requested for 6 sessions of PT for neck, back and headaches on 03/10/15. In progress report dated 05/19/15, the treater states that the patient "has started and finished her 6 visits of physical therapy, and it is helping. She can sleep better now." In the same report, the treater requests for six more sessions of PT for neck, low back and headaches and states that the patient has not had any PT for her lumbar spine. In progress report dated 06/23/15, the treater reiterates that the patient is feeling better after six sessions of PT to the neck and has not had any PT for lower extremities and lumbar spine. The treater is again requesting for six sessions for back, neck and headaches. The current request, however, is for neck, right upper extremity and lower back. Since the patient has not had any PT for lower back, the request for six sessions appears reasonable. However, none of the progress reports discuss the amount of PT the patient has received for right upper extremity. The UR denial letter also states that there is no documentation in this regard. Additionally, the patient has completed six sessions for neck. MTUS only recommends 8-10 sessions in non-operative cases and, the the treater's request for six additional sessions for neck exceeds that limit. Hence, the request for six sessions of PT for neck, right upper extremity and lower back is not medically necessary.