MAXIMUS Federal Services

Case Number:	CM15-0176395		
Date Assigned:	09/17/2015	Date of Injury:	06/24/2015
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 38-year-old who has filed a claim for neck pain reportedly associated with an industrial injury of June 24, 2015. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve requests for 8 sessions of physical therapy for the neck and shoulder and a cervical MRI. An RFA form received on August 25, 2015 was seemingly referenced in the determination. The applicant's attorney subsequently appealed. On August 27, 2015, MRI imaging of the cervical spine and 8 sessions of physical therapy were sought. The said RFA form stated that the MRI imaging was being employed to rule out cervical pathology versus disk injury versus spinal stenosis. In an associated progress note of August 24, 2015, the applicant reported ongoing complaints of neck and shoulder pain, 6/10. The applicant was described as having met 70% of physical therapy goals with earlier physical therapy. The applicant denied any radiation of pain or tingling about the right upper extremity. The applicant reported focal complaints of neck and shoulder pain, it was reported. Cervical MRI imaging was sought. An additional 8 sessions of physical therapy were endorsed. The applicant was given a 15-pound lifting limitation in place. It was not clearly stated whether the applicant was or was not working with said limitation in place. In a physical therapy progress note dated August 28, 2015, the applicant was described as having received 10 sessions of physical therapy to date. The applicant exhibited bilateral shoulder range of motion which was within functional limits and near-normal cervical range of motion, it was reported. The applicant was described as having remaining deficits to include a "slight decrease in range of motion." Once again, the applicant's work status was not clearly stated on this date.

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 neck and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: No, the request for 8 sessions of physical therapy for the neck and shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. A clear rationale for such a lengthy, protracted course of therapy was not stated. The applicant was described as exhibiting normal shoulder range of motion with flexion and abduction to 180 degrees and full flexion about the cervical spine on the medical office visit of August 21, 2015 and normal shoulder range of motion with near-normal cervical range of motion noted on a physical therapy office visit of August 20, 2015. All evidence on file, thus, suggested that the applicant was in fact capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of physical therapy at issue, particularly in light of the fact that the applicant had already received 10 sessions of physical therapy through August 20, 2015. Therefore, the request was not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging is "recommended" to evaluate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, however, the attending provider's August 21, 2015 progress note suggested that the cervical MRI had been proposed for the purposes of "ruling out" cervical pathology versus disk injury versus spinal stenosis. The applicant denied any numbness or tingling on that date, it was acknowledged. It did not appear, thus, that the applicant had bona fide issues with cervical nerve root compromise for which MRI imaging of the cervical spine would have been indicated. There was likewise no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. Therefore, the request was not medically necessary.