

Case Number:	CM15-0176620		
Date Assigned:	09/17/2015	Date of Injury:	07/02/2014
Decision Date:	10/20/2015	UR Denial Date:	09/03/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 57 year old female with a date of injury on 7-2-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine, left shoulder rotator cuff tendinitis-bursitis, lumbar spine sprain-strain with radicular complaints and aggravation of pre-existing lumbar spine condition. Per the progress report dated 2-9-2015, the injured worker complained of cervical spine, lumbar spine and right foot pain. She reported attending ten sessions of physical therapy, which she stated helped, but very little. Per the office visit dated 8-6-2015, the injured worker continued to have pain in the cervical spine and was there to review magnetic resonance imaging (MRI) results. Spurling's sign was positive. It was noted that cervical spine magnetic resonance imaging (MRI) indicated small spondylosis. According to the progress report dated 8-26-2015, the injured worker complained of intermittent, moderate pain in the left shoulder. She complained of intermittent, moderate pain in her lower back. She also complained of intermittent, slight pain in her right foot. Per the treating physician (8-26-2015), the employee was not working; she was to return to modified work on 8-30-2015 with restrictions. The physical exam (8-26-2015) revealed palpable tenderness and spasm about the trapezius muscles. Left shoulder range of motion was reduced. There was increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. Treatment has included physical therapy, acupuncture and medications. The request for authorization dated 8-27-2015 was for physical therapy. The original Utilization Review (UR) (9-3-2015) denied a request for physical therapy two times a week for six weeks for the cervical neck.

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, for six weeks, for the cervical neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Therapy, two times a week, for six weeks, for the cervical neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The MTUS recommends transitioning from supervised therapy to an independent home exercise program. The request exceeds the MTUS recommended number of visits for this condition. There are no extenuating factors which would necessitate 12 supervised therapy visits therefore this request is not medically necessary.