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| Case Number: | CM15-0177341 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 11/14/2013 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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:

The injured worker is a 38-year-old male who sustained an industrial injury on November 14, 2013. Diagnoses have included multi-level cervical intervertebral disc displacement with myelopathy, multilevel cervical degenerative spondylosis, mild central canal stenosis C3-5, and tendonitis bursitis of the right shoulder with likely superior labral tear from anterior to posterior lesion. Documented treatment includes brachial plexus neurolysis, and right ulnar median nerve decompression in November 2014 with report of no alleviation of neck symptoms, but he has seen some improvement with discomfort in his right wrist. March 5, 2015 note states he did not have post-operative physical therapy, but did have unspecified injections in his right shoulder. He has been treated with medication including Azar, Gabapentin, and Oxycontin. Percocet was stated to have not been effective. He uses an elbow brace. The injured worker continues to complain that his neck is stiff with pain rated as 8 out of 10 and radiates down to the right extremity. He states right shoulder pain intensity rated as much as 9 out of 10, and right wrist at 6-7 out of 10. Examination on August 5, 2015 noted that he holds his right arm at a 45-degree position due to severe pain and that this interferes with his activities of daily living including personal care and eating. Muscle weakness is noted in the upper right extremity. Additionally, when the physician attempted orthopedic testing on the right shoulder, injured worker was "unable to tolerate" additional testing. Note states that a recent neurosurgical evaluation supported possible discogenic condition, but deemed him to not be a candidate for cervical spinal surgery. He has been off work since the date of injury. The treating physician's plan of care includes 15 sessions of physical therapy, but this was denied August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 5 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation-Online Edition, 2015 Chapter: Neck and Upper Back (Acute & Chronic).

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

Decision rationale: Physical therapy 3 times a week for 5 weeks, cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions and why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 15 more supervised therapy visits therefore this request is not medically necessary.