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| Case Number: | CM15-0027944 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 10/05/2012 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 35 year old, female patient, who sustained an industrial injury on 10/05/2012. A follow up visit dated 01/02/2015 reported current subjective complaint of a flare up of right lower extremity pain, rated a 9 out of 10 in intensity and described as shooting and aching. She also continues to complain of cervical radiating pain into her bilateral upper extremities. Her left shoulder also causes shooting pains to right ear, right upper extremity and elbow. She is unable to lift her shoulder without significant impingement. She is actively participating in physical therapy without relief from symptom. The impression noted cervical radiculopathy with disc bulge, annular tear at C3-4 and disc-osteophyte complexes, most pronounced at C4-5; acquired cervical torticollis and cervical dystonia and cervical scoliosis per magnetic radiography study. Treatment has included physical therapy, aqua therapy, medications and ESI. A request was made asking for physiotherapy 6 sessions treating the cervical spine. On 01/15/2015, Utilization Review, non-certified the request, noting the Ca MTUS Chronic Pain Guidelines, Physical Medicine was cited. On 02/13/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 times a week for 3 weeks - Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface 1½ Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks; Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records indicate the patient has received sessions of PT in 2012, 2013 and in 2014. The medical records fail to document extenuating circumstances which would necessitate further physical therapy in lieu of a home exercise program. The records do not document significant functional improvement. As such, the request for Physiotherapy 6 sessions treating the cervical spine is not medically necessary.