

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0035040 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 08/25/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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, Hawaii
 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 44-year-old female who sustained an industrial injury on 08/25/2014. Diagnoses include cervical radiculopathy, cervical spine sprain, and thoracic spine sprain. Treatment to date has included diagnostic studies, physical therapy, and stretching exercises. A physician progress note dated 02/06/2015 documents the injured worker has complaints of continued neck pain. She rates her pain as 5 out of 10 on the Visual Analog Scale from the right base of the neck to the right shoulder. Pain is improving with therapy. She does not take any medications due to side effects. On examination, there is tenderness and pain to the cervical back, there is normal range of motion present. The treatment plan was for medications and the injured worker was instructed in their use. Treatment requested is for physical therapy to the cervical spine two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation California physical therapy guidelines.

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

Decision rationale: The patient has ongoing neck and upper back pain on the right side. The current request is for additional physical therapy to the cervical spine two times per week for three weeks. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. Supervised physical therapy should give rise to independent home exercise. In this case, the records indicate that the patient has previously completed 12 sessions of physical therapy. There is nothing in the records to indicate new and further injury or an exacerbation of any kind, which would require additional physical therapy. The current request exceeds the MTUS guidelines and as such, recommendation is not medically necessary.