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| Case Number: | CM15-0038764 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 03/25/2013 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/15/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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

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 63 year old male, who sustained an industrial injury on 03/25/2013. Initial complaints and diagnoses were not provided. The injured worker's current diagnosis related to the injury includes degenerative disc disease of the cervical spine. Treatment to date has included a MRI of the cervical spine (09/02/2014), x-ray of the cervical spine (09/24/2013), conservative care, medications, and physical therapy. Currently, the injured worker complains of persistent neck pain with radiation to the left upper extremity with objective findings of restricted range of motion. The injured worker was noted to have completed 21 sessions of physical therapy for the cervical spine with fair progress. The treatment plan was to include 12 additional physical therapy sessions for the cervical spine. On 02/15/2015, Utilization Review non-certified a request for 12 sessions of physical therapy for the cervical spine, noting that the MTUS guidelines were cited. On 03/02/2015, the injured worker submitted an application for IMR for review of 12 sessions of physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits (2x/week x 6 weeks) to cervical spine: Upheld

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

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

Decision rationale: Per the handwritten report of 01/21/15 the patient presents with persistent neck pain with radicular symptoms with limited range of motion of the neck. The patient's diagnosis is DDD cervical spine. The current request is for PHYSICAL THERAPY 12 VISITS 2XWEEK X 6 WEEKS TO CERVICAL SPINE. The RFA included is dated 01/26/15. The patient is not working. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The treating physician states the patient needs "more PT" on the reports dated 12/10/14 and 01/21/15. The 09/18/14 report indicates the patient is undergoing PT and the 10/20/14 report states the patient is referred for PT. The physical therapy treatment reports from 09/22/14 to 01/21/15 included for review do not show exactly how many prior sessions the patient has received for treatment of the cervical and lumbar spine. Some treatment notes are handwritten and difficult to interpret. In this case, it appears this request is for an additional course of treatment and that the prior planned course of treatment was for 3 x 4 session. It is not clear how many of these sessions were received. The reports do not state why additional treatment is needed at this time and whether or not prior treatment helped the patient. There is no discussion of transfer to a home exercise program. Furthermore, the 12 requested sessions exceed what is allowed by the MTUS guidelines even when not combined with prior treatment sessions. The request IS NOT medically necessary.