

Case Number:	CM15-0046492		
Date Assigned:	03/18/2015	Date of Injury:	12/20/2008
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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(n) 49 year old male, who sustained an industrial injury on 12/20/06. He reported pain in the neck, shoulder and upper back. The injured worker was diagnosed as having cervical radiculopathy. Treatment to date has included cervical fusion, right shoulder arthroscopy, cervical MRI and pain medications. As of the PR2 dated 1/27/15, the treating physician noted mild nonspecific tenderness and discomfort about the base of the neck and full range of motion in the right shoulder. The treating physician requested physical therapy for the cervical spine, twice weekly x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, twice weekly: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine two times per week times four weeks is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post C6 - C7 cervical fusion; left carpal tunnel syndrome, mildly symptomatic; status post right carpal tunnel release, asymptomatic; status post right shoulder arthroscopy, doing well; mild scapular thoracic bursitis with recent fall; history previous right shoulder arthroscopy; and potential recent development Skelaxin and Lodine allergies. Documentation from a January 6, 2014 progress note shows the injured worker has significant discomfort at the base of the neck and his post operative (status post) C6 - C7 cervical fusion. The earliest progress note in the record is dated November 2014. The injured worker is post surgery and underwent physical therapy. Physical therapy notes with evidence of objective functional improvement is not contained in the medical record. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The total number of physical therapy sessions to date is not enumerated in the progress notes. Moreover, there are no compelling clinical facts in the medical record indicating additional physical therapy is required. Consequently, absent compelling clinical documentation with objective functional improvement (from prior physical therapy), physical therapy (additional) cervical spine two times per week times four weeks is not medically necessary.