

Case Number:	CM15-0074851		
Date Assigned:	04/24/2015	Date of Injury:	06/12/2013
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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 33 year old female, who sustained an industrial injury on June 12, 2013. She was diagnosed with cervical degenerative disc disease. Treatment included physical therapy, ultrasound, massage therapy, transcutaneous electrical stimulation and traction. Currently, the injured worker complained of persistent neck pain with radiation into the left arm. The treatment plan that was requested for authorization included 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 x 8 sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, eight sessions to the cervical spine 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 C4 - C5, C5 - C6, and C6 - C7 protrusion with left C5 and C6 radicular pain; cervical displacement of inter-vertebral disc; and cervical radiculopathy. A progress note (appeal of the denial) dated March 17, 2015, subjectively states injured worker presents for follow-up of neck pain and left arm pain. Pain is 5/10, 6/10 in the neck and arm. Objectively, range of motion of the cervical spine is decreased to 40 of flexion. Motor testing is normal. Review of the medical record shows the injured worker received prior physical therapy (14 sessions) in 2014. The guidelines recommend a home exercise program as an extension of physical therapy once provided. There is no documentation of an ongoing home exercise program. There is no documentation demonstrating objective functional improvement with prior physical therapy. Additionally, there are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy, an ongoing home exercise program and compelling clinical facts indicating additional physical therapy is clinically indicated, eight sessions to the cervical spine is not medically necessary.