

Case Number:	CM15-0078991		
Date Assigned:	04/30/2015	Date of Injury:	03/01/2005
Decision Date:	06/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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, 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 62 year old female with an industrial injury dated 03/01/2015. Her diagnoses included chronic cervical strain with underlying cervical spondylosis and stenosis and repetitive stress injury with carpal tunnel syndrome. Prior treatment included physical therapy, acupuncture and medications. She presents on 04/02/2015 with complaints of gradual worsening of her symptoms. She is complaining of cervical spine pain and right lower lumbosacral region pain. Physical exam revealed cervical range of motion was restricted. She had full shoulder, elbow, wrist and hand ranges of motion. There were no impingement signs and no tenderness at the wrists. MRI of the cervical spine dated 02/13/2015 is documented in this report. The treatment plan included physical therapy to the cervical spine, workstation ergonomic evaluation and medications.

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 Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines physical medicine guidelines.

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 to the cervical spine #8 sessions 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 chronic cervical strain with underlying cervical spondylosis and stenosis; repetitive stress injury with carpal tunnel syndrome. The most recent progress of the medical records dated April 2, 2015. The injured worker's date of injury is not first 2005. The injured worker has received physical therapy (unknown number of sessions to date). There are no physical therapy progress notes in the medical record. There is no documentation of objective functional improvement with prior physical therapy. The documentation indicates that has been a gradual worsening of symptoms. There is no indication the injured worker was engaged in a post therapy home exercise program. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Objectively, cervical range of motion is decreased. There was tenderness palpation at the mid cervical paraspinals and bilateral upper trapezius (left greater than right). Consequently, absent clinical documentation of prior physical therapy to date, the total number of physical therapy sessions to date, objective functional improvement of prior physical therapy to date, with evidence of a home exercise program, physical therapy to the cervical spine #8 is not medically necessary.