

Case Number:	CM15-0079242		
Date Assigned:	04/30/2015	Date of Injury:	01/04/2013
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female who sustained an industrial injury on 1/4/13. The injured worker reported symptoms in the neck, back and right shoulder. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatments to date have included rest, transcutaneous electrical nerve stimulation unit, medication, physical therapy, and oral pain medication. Currently, the injured worker complains of discomfort in the neck and right upper extremity. The plan of care was for physical therapy and a surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 4 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for neck and right upper extremity pain. Case notes reference completion of 36 physical therapy treatments. When seen, she was having ongoing significant neck pain with right arm numbness. She had completed physical therapy and her therapist had requested four additional visits for strengthening and review of a home exercise program. The claimant reported that there had been some improvement in terms of pain and cervical spine range of motion with the treatments already provided. In this case, the claimant has already had excessive physical therapy treatments with marginal improvement. Therapy for additional strengthening after treatments provided would not be expected to result in any further benefit. In terms of therapy, patients are expected to continue active therapies and compliance with an independent exercise program would not require continued skilled physical therapy oversight. This request for additional skilled physical therapy services is not medically necessary.