

Case Number:	CM15-0096413		
Date Assigned:	05/26/2015	Date of Injury:	03/07/2014
Decision Date:	06/25/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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 59 year old female, who sustained an industrial injury on 3/7/2014. She reported pain to the right knee, neck, upper back, and left elbow. The injured worker was diagnosed as having cervical intervertebral disc degeneration, muscle spasm, cervicalgia, and cervical osteoarthritis without myelopathy. Treatment to date has included physical therapy (18), magnetic resonance imaging of the thoracic spine. The request is for physical therapy of the cervical spine. On 3/10/2015, she reported attained good relief with TENS, and has decreased her medications. She reported a 7/10 neck pain and 8/10 thoracic spine pain. On 3/13/2015, she complained of cervical spine tightness. She is noted to have 90% rotation passively, and 50-75% lateral flexion. The treatment plan was to continue her on physical therapy. On 4/14/2015, she is noted to have no changes in her symptomology, and indicated her pain to be persistent despite physical therapy and trigger point injections to the cervical spine area. On 4/15/2015, a physical therapy report indicated she has been improving her improvement in range of motion and posture with therapy. She is noted to have had benefit from trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Physical Therapy sessions for the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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, 6 additional physical therapy sessions to the cervical spine are 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 cervical and thoracic strain; right knee strain with meniscal tear; and ongoing neck pain with myofascial symptoms. According to the utilization review, the injured worker received 18 chiropractic treatments and 19 physical therapy sessions. A progress note (physical therapy) dated January 21, 2015 shows the injured worker was on a visit #17. A subsequent progress note (physical therapy) indicates the injured worker was on visit number 13. The request for authorization date is May 8, 2015. The most recent progress note from the treating provider is dated January 14, 2015. There are no contemporaneous progress notes on or about the date of request for authorization. Additionally, there are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent contemporaneous clinical documentation with compelling clinical facts indicating additional physical therapy is warranted (over and above 19 physical therapy sessions previously rendered), 6 additional physical therapy sessions to the cervical spine are not medically necessary.