

Case Number:	CM13-0046410		
Date Assigned:	06/09/2014	Date of Injury:	06/06/2013
Decision Date:	12/03/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 6-6-13. The injured worker has complaints of cervical spine pain that radiated into the upper extremities and associated with headaches that are migrainous in nature as well as tension between the shoulder blades. There is palpable paravertebral muscle tenderness with spasm and a positive axial loading compression test noted. Spurlings maneuver is positive and range of motion is limited with pain. There is tingling and numbness into the lateral forearm and, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. There is palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive and range of motion standing flexion and extension are guarded and restricted. The diagnoses have included cervicgia and lumbago. Treatment to date has included naproxen sodium; cyclobenzaprine hydrochloride; omeprazole; tramadol; terocin patch and physical therapy. The original utilization review (10-23-13) non-certified the request for physical therapy cervical and thoracic, 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical/thoracic -8 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic injury. Guidelines allow for 8-10 visits of therapy with fading of treatment to an independent self-directed home program. Submitted reports have adequately demonstrated the indication to support the therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The Physical therapy cervical/thoracic -8 visits is medically necessary and appropriate.