MAXIMUS Federal Services

Case Number:	CM13-0013483		
Date Assigned:	12/13/2013	Date of Injury:	10/11/2011
Decision Date:	09/23/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old female who stated injury was October 11 of 2011. Apparently she sustained neck pain following a job-related injury but does have a history of congenital torticollis which has been apportioned to represent 50% of her symptomatology. The injured worker has been on a variety pain medication, has had two epidural steroid injections in the neck and has had between 12 and 15 physical therapy treatments as of July 2013. On April 18, 2012 she was discharged from physical therapy is there was mild improvement in strength pain and function. Electrodiagnostic testing is revealed evidence of a left-sided C7/C8 radiculopathy. Injured worker continues to complain of pain in the neck radiating to the left arm. Her physical exam reveals diffuse tenderness of the neck with diminished range of motion and evidence of a left-sided radiculopathy. Her diagnosis include cervical radiculitis, chronic myofascial pain, bipolar disorder, history bilateral wrist fractures, diabetes with peripheral neuropathy, hypertension, dyslipidemia, and congenital torticollis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide, Section on The Neck, Physical Therapy Guidelines.

Decision rationale: The injured worker has had between 12 and 15 physical therapy sessions with one statement only regarding mild functional improvement. She was discharged from physical therapy in April 2012. ODG The Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):9 visits over 8 weeksSprains and strains of neck (ICD9 847.0):10 visits over 8 weeksDisplacement of cervical intervertebral disc (ICD9 722.0):Medical treatment: 10 visits over 8 weeksPost-injection treatment: 1-2 visits over 1 weekPost-surgical treatment (discetomy/laminectomy): 16 visits over 8 weeksPost-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeksDegeneration of cervical intervertebral disc (ICD9 722.4):10-12 visits over 8 weeksSee 722.0 for post-surgical visitsBrachia neuritis or radiculitis NOS (ICD9 723.4):12 visits over 10 weeksThe injured worker has clearly had the requisite number of physical therapy treatments with only a brief statement about mild functional improvement. No rationale has been provided as to why a continuation of a home exercise program would not be beneficial or that a new diagnosis requiring additional consideration is present. Therefore, physical therapy x12 visits is medically necessary.