

Case Number:	CM13-0001872		
Date Assigned:	05/02/2014	Date of Injury:	05/05/2008
Decision Date:	06/10/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/17/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 underlying date of injury in this case is 05/05/2008. Primary diagnosis is a cervical sprain. The initial mechanism of injury is that the patient attempted to restrain a client. A previously qualified medical examiner opined in December 2011 that the patient was at a permanent and stationary status with no need for future physical therapy. Physical therapy notes as of 07/08/2013 indicate that the patient had been referred with the diagnosis of cervical sprain and neck sprain. The patient reported follow through with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE (9) PHYSICAL THERAPY SESSIONS FOR THE CERVICAL, THORACIC, AND LUMBAR SPINE (3 X 3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines Section on Physical Medicine recommends transition to an independent home rehabilitation program. The MTUS guidelines would not recommend additional supervised physical therapy unless there was a

specific change in circumstance requiring a change in the home exercise program or review of that program. The medical records do not provide a rationale as to why this patient would require supervised rather than independent home exercise. Moreover, the patient's reported primary treating diagnosis is a sprain for which natural recovery would be anticipated and a chronic indication for supervised physical therapy would not be anticipated. Overall, the medical records and MTUS guidelines do not support indication for the requested physical therapy. Therefore, the request for nine physical therapy sessions for the cervical, thoracic, and lumbar spine, three times a week for three weeks is not medically necessary and appropriate.