

Case Number:	CM13-0008536		
Date Assigned:	12/04/2013	Date of Injury:	06/11/2012
Decision Date:	01/15/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 06/11/2012. The treating diagnosis is 847.0 or a cervical strain. An initial physician review notes that the patient is a 60-year-old woman who has the current treating diagnosis of cervical degenerative disc disease. The patient previously received 22 sessions of physical therapy in 2012. Plain films of 02/22/2013 demonstrated multilevel cervical degenerative changes and primary disc space narrowing at C5-C6. An electrodiagnostic study of the right upper extremity of 04/11/2013 was within normal limits. The prior review noted that considering the patient has a chronic condition which had been treated already by chiropractic and by 22 sessions of physical therapy, an indication for additional physical therapy was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine states, "Allow for fading of treatment

frequency plus active self-directed home Physical Medicine." The guidelines therefore anticipate that this patient would have transitioned by now to an active independent home rehabilitation program. The medical records do not provide a rationale as to why this patient instead would require additional supervised therapy at this time. The records and guidelines do not support this request. The request for physical therapy for the cervical spine, twice per week for three weeks, is not medically necessary or appropriate.