

Case Number:	CM13-0010455		
Date Assigned:	09/20/2013	Date of Injury:	03/21/2013
Decision Date:	01/17/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/14/2013

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 patient is a 49-year-old male who reported injury on 03/21/2013 with the mechanism of injury being a 20 feet fall from the top of a tank. The patient was noted to have pain and difficulty sleeping. The diagnoses were noted to include cervicgia and cervical sprain. The request was made for 12 additional sessions of physical therapy for the cervical spine 3 times a week x4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of Physical Therapy for the cervical spine 3 times a week x 4 weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, OMPG, Pain,Suffering, and the Restoration of Function, chapter 6, pg 114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can

alleviate discomfort. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had a re-assessment on 08/16/2013. The patient was noted to have full cervical active range of motion with flexion, extension, right side bend, left side bend, and right and left BOT rotation. The patient's upper extremity MMT was noted to be improved as well. The patient was noted to have minimal deficits in the current right. The current left was noted to be 100%. The patient was noted to be no longer tender to palpation along the left cervical paraspinal and suboccipital muscles. The patient was noted to have full range of motion of C-spine in supine. It was noted the patient would benefit from completion of the current physical therapy protocol, which included 2 more visits with good potential to meet established goals. As it was stated, the patient had 2 remaining physical therapy sessions as of 08/16/2013. The clinical documentation submitted for review failed to provide objective functional deficits that would support ongoing therapy. The request for 12 additional sessions would be excessive. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for 12 additional sessions of Physical Therapy for the cervical spine, 3xwk for 4 weeks would be excessive and, therefore, is not medically necessary.