MAXIMUS Federal Services

Case Number:	CM13-0014410		
Date Assigned:	10/03/2013	Date of Injury:	01/13/2013
Decision Date:	01/23/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/21/2013

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 & 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. 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 patient is a 55-year-old male who reported an injury on 01/13/2013. The mechanism of injury was being pinned between two large shipping containers. His current diagnoses include degenerative joint disease, cervical spine spasm, thoracic spine contusion, and cervical spine stenosis. He continues to have unresolved pain; however, previous treatment modalities are unclear from the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 5 x 1. Cervical and thoracic spine: 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 Methods Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines recommends 9-10 visits for myalgia and mysositis, and 8-10 visits for neuralgia, neuritis, and radiculopathy. However, the most recent clinical notes submitted for review provide no objective information regarding the source of the patient's pain. Although suspicion of

radiculopathy and thoracic outlet syndrome are mentioned in the 09/09/2013 clinical note, there are no objective findings of decreased sensation, motor strength, or reflexes related to a specific spinal dermatome. There is a diagnosis of cervical spasms, but there was no mention of them in the objective physical examination results, nor were there quantitative measurements of range of motion. Also, there was no discussion of previous treatment modalities and their efficacies such as chiropractic, acupuncture, or physical therapy. Without a complete clinical picture, the medical necessity of the request is unable to be determined. Therefore, the request for physical therapy 5 x 1, cervical and thoracic spine, is non-certified.