

Case Number:	CM13-0014528		
Date Assigned:	12/11/2013	Date of Injury:	09/23/2011
Decision Date:	01/30/2014	UR Denial Date:	08/09/2013
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 and Rehabilitation and is licensed to practice in Ohio and Texas. 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 41-year-old injured worker who reported an injury on 09/23/2011. The patient is currently diagnosed with neck pain, brachial radiculitis, and displacement of cervical intervertebral disc without myelopathy. The patient was seen by [REDACTED] on 08/28/2013. The patient complained of persistent neck and shoulder pain. Objective findings included slight trapezial and paracervical tenderness, equivocal Spurling's test on the right, mid-radial tunnel and volar forearm tenderness bilaterally, and diminished grip strength. Treatment recommendations included continuation of current medications and physical therapy twice per week for the next 6 weeks to work on stretching, modalities, and postural strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks: Upheld

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

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

Decision rationale: The California MTUS Chronic Medical Treatment Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical therapy. As per the clinical notes submitted, the patient has completed an extensive amount of physical therapy. Documentation of significant functional improvement was not provided. The patient continues to report increasing pain in the neck with radiation to the right shoulder and arm. Physical examination only reveals tenderness to palpation. There was no indication that after extensive physical therapy, the patient would require ongoing supervised therapy. The patient should be transitioned into a self-directed home exercise program at this point. The request for physical therapy two times a week for six weeks is not medically necessary and appropriate.