

Case Number:	CM13-0015698		
Date Assigned:	12/11/2013	Date of Injury:	12/23/2012
Decision Date:	01/23/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/23/2013

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 Pain Management, has a subspecialty in Interventional Spine 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 49 year old female with a date of injury on 12/3/12. The progress report dated 7/11/13 by [REDACTED] noted that the patient continued to complain of severe pain in her neck which radiates to her left trapezius and shoulder. The patient's diagnoses include: cervical strain; cervical spondylosis with bilateral foraminal stenosis C5-C6, left greater than right, with radiculopathy. It was noted that the patient had completed 24 visits of chiropractic care that was helpful, but the patient remained symptomatic. A supplemental report, dated 9/25/13 noted that the patient's chiropractic treatments included physical modalities and procedures, joint mobilization, manipulation, ultrasound, electrical muscle stimulation, heat modalities, in conjunction with exercises, and instructions in improving activities of daily living. A request was made for 12 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Neck & Upper Back Chapter.

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

Decision rationale: The progress report dated 7/11/13 by [REDACTED] noted that the patient continued to complain of severe pain in her neck which radiates to her left trapezius and shoulder. The patient's diagnoses include: cervical strain; cervical spondylosis with bilateral foraminal stenosis C5-C6, left greater than right, with radiculopathy. It was noted that the patient had completed 24 visits of chiropractic care that were helpful, but the patient remained symptomatic. There is no indication in the records that the patient has undergone a recent surgery to allow for 12 or more therapy sessions. For the patient's current diagnoses of strains and radiculitis, the guidelines allow for fading of treatment frequency for no more than 9-10 sessions. After therapy, an active self-directed home physical medicine is recommended. The requested physical therapy is not medically necessary and appropriate.