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| Case Number: | CM13-0016183 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 01/19/2013 |
| Decision Date: | 02/07/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Internal Medicine, and is licensed to practice in New York. 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 29 year old female store manager who had a closed head injury without concussion and cervical strain on 01/19/2013. She was stocking shelves and a case of wine fell from above and hit her on the top of her head. She stumbled backwards and caught the case. She continued working and had right parietal tenderness. There was no loss of consciousness. On 01/20/2014 she had no restrictions of cervical spine movement; that is, her cervical range of motion was normal. BMI was 48. There was no upper extremity weakness. There was no cervical radiculopathy. On 01/29/2013 she started six sessions of physical therapy. CAT scan of her head was negative. On 02/22/2013 she had a cervical strain with closed head injury. She had tenderness over the cervical paraspinal muscles. On 03/13/2013 a MRI of her head was normal. On 03/22/2013 she had normal strength, sensation and reflexes of the upper extremities. On 04/04/2013 she had completed 12 visits of physical therapy. She complained of abdominal and back pain, not neck pain. She had head pain. Acupuncture was scheduled. On 05/31/2013 [REDACTED] noted cervical paraspinal muscle tenderness but she had normal strength, sensation and reflexes of the upper and lower extremities. On 06/28/2013 she had no upper extremity findings (no cervical radiculopathy). She was showing improvement in her home exercise program. She had tenderness over the cervical paraspinal muscles in the right shoulder with normal strength, sensation and reflexes in the upper and lower extremities. On 07/08/2013 she felt tightness in her neck. This was her 7th session in the current series of physical therapy. The therapy was to improve her overhead lifting strength. As of 08/14/2013 the patient had completed 20 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Per Week X 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Cervical Strain and Sprain.

Decision rationale: The claimant had a closed head injury with cervical strain/sprain on 01/19/2013. There are no physical therapy recommendations for a closed head injury. For a cervical strain/sprain the ODG Guidelines 2014 recommend up to 10 sessions of physical therapy over an 8 week period. The ACOEM Chapter 8 table on pages 181 and 182 do not recommend physical therapy although manipulation early in the course of a neck injury may help. Most important there were no red flag signs of cervical injury. Strength, sensory exam and reflexes of the upper extremities were normal. Although she had a normal CAT scan of the head and MRI of the brain, there was no reason to order an imaging study of the neck. Thus, the diagnosis of cervical strain/sprain is consistent with the provider evaluations and clinical course. She had normal cervical range of motion on 01/20/2013 and during numerous evaluations by [REDACTED]. [REDACTED] He noted cervical paraspinal muscle tenderness. She has already had at least 20 sessions of physical therapy. Thus she already had more sessions of physical therapy than the ODG guideline maximum. Also the injury was on 01/19/2013 and this period of time from the injury exceeds the 8 week physical therapy course. The requested additional physical therapy sessions are not consistent with the ODG guidelines. From the standpoint of chronic pain, there must be documentation that physical therapy provided functional improvement. Her cervical range of motion was unrestricted and normal. There was no cervical radiculopathy. The physical therapy appeared to be primarily to increase her overhead lifting strength and not to correct any cervical injury. [REDACTED] noted numerous times that her upper extremity strength was normal. Thus it was unclear how continued physical therapy would improve functionality. After 20 sessions of physical therapy there is no documentation that continued formal therapy would improve her functionality and she should have already been transitioned to a home exercise program. Continued physical therapy is not indicated for cervical paraspinal tenderness. It is not indicated for headaches.