

Case Number:	CM13-0017189		
Date Assigned:	10/11/2013	Date of Injury:	02/15/2013
Decision Date:	01/07/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/27/2013

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, has a subspecialty in pain medicine, and is licensed to practice in Texas and Ohio. 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 57-year-old who sustained an occupational injury on 02/15/2013. The patient's injuries resulted in cervical neck pain for which the patient has attended 12 sessions of physical therapy. On 07/31/2013, the patient presented for followup with subjective complaints of anxiety for which she is seeing her psychiatrist and vertigo for which she is seeing her primary treating physician and neck pain which she rates as 6/10 in severity. Objective documentation on that day revealed normal reflexes, sensory testing, and muscle testing of the bilateral upper extremities and lower extremities. The patient did display diffuse cervical tenderness with cervical spine range of motion decreased by about 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical medicine with passive therapy can provide short-term relief during the early phases of treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to

improve the rate of healing of 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 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, or radiculitis. While the documentation presented for review from 07/31/2013 does indicate the patient has ongoing complaints of 6/10 neck pain with objective documentation indicating a decrease in cervical spine range of motion by about 25%, there is also evidence to indicate the patient has already completed 12 sessions of physical therapy to date for treatment of cervical spine pain. However, there was no complete set of physical therapy notes submitted by which plateauing and progress might be assessed. There are no objective indications of significant improvement from prior physical therapy. Continuation of therapy should be based on a formal assessment validating improvement in function at intervals of 6 sessions. Furthermore, there is no indication as to why supervised therapy is required for this patient. At this point in time, the patient should be proficient and participating in a home exercise program. The request for physical therapy, cervical is not medically necessary or appropriate.