

Case Number:	CM13-0020748		
Date Assigned:	12/11/2013	Date of Injury:	08/16/2000
Decision Date:	04/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 59 year-old with a date of injury of 08/16/00. A progress report associated with the request for services, dated 06/14/13, identified subjective complaints of neck & right shoulder pain. Objective findings included a myofascial trigger point in the cervical musculature and decreased range-of-motion. Motor function was normal. Diagnoses included cervical sprain/strain with possible radiculopathy. Treatment has included acupuncture, home exercises, and oral medications including analgesics and muscle relaxants. The note indicates that she had undergone physical therapy, which helped her neck pain. However, the number of visits, time period, and functional outcome were not specified. The physical therapy notes were not included. She is not postoperative. A Utilization Review determination was rendered on 08/29/13 recommending non-certification of "physical therapy visits to the neck and right shoulder QTY: 8".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VISITS TO THE NECK AND RIGHT SHOULDER QTY: 8.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp (TWC): Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." The Official Disability Guidelines (ODG) indicate that for neck strain, 10 visits over 8 weeks are recommended. For cervical disc disease and radiculopathy, 10-12 visits over 8 weeks. The employee has received an unspecified number of previous physical therapy sessions. An additional 8 sessions are requested, which may exceed the recommendation of 10 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and the medical necessity for 8 additional physical therapy sessions.