

Case Number:	CM13-0023381		
Date Assigned:	11/15/2013	Date of Injury:	10/25/2011
Decision Date:	01/09/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational Medicine 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:

Patient is a 53 year old female has complaints of low back pain, right hip pain, knee pain, wrist pain, neck pain. She has had 24 physical therapy sessions as of November 7, 2012. She reports continued neck pain and radicular leg pain. She has been working six hours per day. Diagnoses included coccydynia, wrist injury, lumbar disc herniation/spinal stenosis, and cervical HNP. She was recommended cervical spine therapy for the acute neck pain. She also does water aerobics at the gym. The cervical PT was requested 6/2013 and the report dated 6/17/2013 did not have any objective findings listed for the cervical spine. Subjective findings stated that her neck hurt more than her hip and spine. The report dated 8/12/13 did not mention the cervical spine at all in the subjective. She was ordered 12 sessions of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine 2-3 week x 6 weeks: Upheld

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

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

Decision rationale: CA MTUS chronic pain guidelines in the physical medicine section give us a specific number of treatments for myalgia neuralgia, neuritis or myositis. They are 8-10 visits over 4-8 weeks. This patient has had over 24 visits of physical therapy to date. The current request for 12 sessions exceeds the MTUS recommended number of visits. As the patient has already had physical therapy as well as the request for PT exceeding MTUS limits, the request is not medically necessary.