

Case Number:	CM13-0023722		
Date Assigned:	06/06/2014	Date of Injury:	02/07/2001
Decision Date:	07/24/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 expert 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 62 year-old patient sustained an injury on 2/7/2001 from being struck by a metal object to the posterior head while employed by [REDACTED]. Request under consideration include Physical Therapy for the Cervical Spine, twice per week for six weeks (for a total of 12 sessions). Diagnoses include cervical vertebrae displacement. Conservative care has include medications, physical therapy, pschyotherapy, and modified activities/rest. MRI and CT evaluation in September 2010 reported osteoarthritis of the mandibular condyle. The patient has been deemed permanent and stationary and continues to treat for chronic symptoms. Report from IME dated 7/22/11 had recommendations for future therapy with significant flare-ups. Report of 7/29/13 from the provider noted the patient with chronic neck pain associated with headaches. There has been no relief with PT, rest, and medications. Exam showed positive paraspinal pain and spasms; tenderness; limited range of motion; positive Spurlings; negative Tinel's and Phalens with treatment of PT x 12, Ultram, off work. The request for Physical Therapy for the Cervical Spine, twice per week for six weeks (for a total of 12 sessions) was non-certified on 8/13/13 citing guidelines criteria and lack of medical necessity.

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, TWICE PER WEEK FOR SIX WEEKS (FOR A TOTAL OF 12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS: 2009, Physical Medicine, MTUS Chronic Pain Page(s): 98-99.

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

Decision rationale: Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints and clinical findings without clear neurological deficits. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without clear specific functional improvement in activities of daily living (ADLs), work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. Report from the provider also has noted no benefit from physical therapy previously rendered. The Physical Therapy for the Cervical Spine, twice per week for six weeks (for a total of 12 sessions) is not medically necessary and appropriate.