

Case Number:	CM13-0023768		
Date Assigned:	12/18/2013	Date of Injury:	01/20/2009
Decision Date:	03/12/2014	UR Denial Date:	08/28/2013
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 Physical Medicine & 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 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 50 year old female who reported a work related injury on January 20, 2009. The mechanism of injury was noted as a fall on the patient's left side. The patient has complained of chronic headaches and neck pain since the time of injury. MRI of the patient's cervical spine revealed degenerative changes at C5-6. The patient has undergone conservative care to include anti-inflammatory medications and physical therapy sessions. A request was made for physical therapy for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for C-spine, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Pain and Suffering, and the Restoration of Function Chapter, page 114, and Official Disability Guidelines (ODG).

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

Decision rationale: Physical therapy note dated August 14, 2013 stated the patient had completed her current prescription of 8 physical therapy sessions. It was noted the patient had made gains in range of motion and received relief from treatments. Clinical note dated November 20, 2013 stated the patient was feeling better and still had pain to right side and

numbness. The patient was getting chair massages as needed. Physical exam of the patient noted cervical spine tenderness was demonstrated at C5-7 with midline lumbosacral spine tenderness. Cervical spine range of motion was normal and a seated straight leg raise reproduced leg pain. Physical exam of the right shoulder and right hand both revealed good range of motion, strength, and tone. California Chronic Pain Medical Treatment Guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis. Guidelines further recommend to allow for fading of treatment frequency plus and active self-directed home physical exercise program. Per clinical documentation submitted for review, the patient was not noted to have significant functional deficits to warrant additional formal physical therapy visits. There was no evidence given the patient would not be able to minimize her remaining deficits in a home exercise program versus formal physical therapy visits. As such, the request for physical therapy for cervical spine, 8 sessions, is non-certified.