

Case Number:	CM13-0025240		
Date Assigned:	11/20/2013	Date of Injury:	08/20/2008
Decision Date:	01/08/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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 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:

The patient is a 59-year-old female who reported an injury on 08/20/2008 with an unprovided mechanism of injury. The patient indicated that moving her head from her computer screen to her keyboard aggravates her neck pain. The patient was noted to have 12 sessions of physical therapy for the neck. The patient's diagnosis was stated to include a neck sprain. The request was made for physical therapy 3 times a week for 2 weeks for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 2 weeks for the neck: 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): s 98-99.

Decision rationale: California MTUS Guidelines recommend to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine for myalgia and myositis for 9 to 10 visits. The clinical documentation submitted for review indicated the patient had 12 sessions of prior physical therapy. The PR2 dated 09/13/2013 revealed the patient had pain moving her head from the computer screen to the

keyboard and the patient indicated that her shoulders hurt all the time and her arms go numb. Clinical documentation failed to include the patient's objective response to the prior physical therapy and it failed to include the patient's remaining functional deficits. The patient was noted to have participated in 12 visits of physical therapy and should be well versed in a home exercise program at this juncture. The request for physical therapy 3 times a week for 2 weeks to the neck is not medically necessary.