

Case Number:	CM13-0031245		
Date Assigned:	12/04/2013	Date of Injury:	06/06/2008
Decision Date:	02/13/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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 Anesthesiology and Pain 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:

The patient is a 65-year-old female who reported an injury on 06/06/2008. The patient is noted to have a history of neck pain and headaches. The most recent physical examination revealed the patient had tenderness to palpation with trigger points and 50% of range of motion. At the time, the patient was recommended for 8 additional visits of physical therapy. As of 08/08/2013, the patient had 30 degrees of cervical extension, 55 degrees of cervical flexion, and 5-/5 bilateral upper extremities motor strength. The notes suggest the patient has completed 12 sessions of physical therapy in 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

12) physical therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The California MTUS Guidelines recommend up to 10 sessions of physical therapy for the patient's condition. The notes submitted for review indicate the patient has completed at least 12 sessions of physical therapy in 2013. The most recent note indicates the

patient has a 50% decrease in cervical range of motion. However, there is a lack of serial physical therapy notes to assess the efficacy of prior treatment sessions. In addition, the request for 12 additional sessions of physical therapy would exceed evidence-based guidelines for total duration of care. The request is non-certified at this time.