

Case Number:	CM13-0032063		
Date Assigned:	12/04/2013	Date of Injury:	07/24/2012
Decision Date:	04/17/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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:

The patient is a 36-year-old male who reported an injury on 07/24/2012 after he was hit in the head. The patient reported sustained injury to the head and neck. The patient was conservatively treated with medications, physical therapy, epidural steroid injections and acupuncture. The patient's most recent clinical examination findings dated 06/12/2013 documented that the patient had a positive axial head compression test to the right, a positive Spurling's sign to the right and facet tenderness to palpation along the C4-6 levels. It was also documented that the patient had restricted range of motion of the cervical spine. The patient's diagnoses included cervical disc disease and cervical radiculitis. Treatment recommendations included an epidural steroid injection, a hot/cold therapy unit following the procedure, physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X PER WEEK FOR 5 WEEKS FOR NECK AND BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The requested physical therapy 2 times per week for 5 weeks for the neck and bilateral upper extremities is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously participated in physical therapy and should be well versed in a home exercise program. The patient's most recent clinical documentation did not indicate that the patient is participating in a home exercise program. California Medical Treatment Utilization Schedule recommends that patient be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. Recommended; 1 to 2 visits of physical therapy would be appropriate for this patient to assist in reeducating and reestablishing a home exercise program. The requested 10 physical therapy visits would be considered excessive. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request for physical therapy 2 times per week for 5 weeks for the neck and bilateral upper extremities is not medically necessary or appropriate.