

Case Number:	CM13-0032178		
Date Assigned:	12/04/2013	Date of Injury:	09/06/2012
Decision Date:	01/28/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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, has a subspecialty in Inteventional Spine, 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:

Patient is a 35 year old female, with a date of injury of 09/06/2012. Patient has diagnoses of post concussion syndrome and bulging disc of the neck. According to report dated 08/05/2013, the patient reports an increase of pain in the neck after recently taking a long hike. Patient states the pain radiates to the bilateral shoulders with the left significantly worse with radiation to the digits. Physical examination shows tenderness to palpation in the cervical region. Range of motion is decreased by 40% of normal and Spurling's test is positive on the left. It was noted that patient feels physical therapy significantly helped with her mobility and decrease in medications. The request is for six more sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 3Wks Lumbar spine: Upheld

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

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

Decision rationale: The medical records show patient received 12 physical therapy sessions after her date of injury from 09/28/2012 to 12/19/2012. The patient was noted to have significant improvement from the sessions. The patient subsequently received 11 more sessions, dating 04/10/2013 to 05/29/2013. Hand written physical therapy progress notes included in the medical file are vague. However, report dated 08/05/2013 states patient showed significant benefits from physical therapy and requests an additional six sessions. The MTUS guidelines recommends 8-10 visits for neuralgia, neuritis and radiculitis type symptoms. In this case, patient should now be well versed in exercise regimens to start a self directed home exercise program. Therefore, the recommendation is for denial.