

Case Number:	CM13-0032239		
Date Assigned:	12/04/2013	Date of Injury:	07/11/2012
Decision Date:	02/18/2014	UR Denial Date:	09/24/2013
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 Family Practice and is licensed to practice in Georgia and North Carolina. 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 claimant is a 53 year old injured worker, who sustained injuries in an industrially related motor vehicle accident on 7/11/12. The patient's injuries included head injury and left shoulder and neck injury. The patient has diagnoses of left shoulder impingement, cervical spine strain, and herniated disc at C3-C4 of cervical spine. The patient had arthroscopic surgery and decompression of left shoulder on 3/5/2013. Treatment included 32 physical therapy sessions for their left shoulder with documentation to support that the patient was reaching maximal expected improvement. On 9/16/2013, the treating physician requested 12 sessions of physical therapy for the 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 the cervical spine, twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: The California MTUS/ACOEM guidelines allow for use of physical therapy in a fading fashion for short term relief in the early phases of pain treatment. The guidelines

allow for 8-10 visits over 4 weeks. The request for twelve visits exceeds the recommended quantity of visits. Additionally, ACOEM guidelines for management of neck pain related to herniated disc suggest the use of physical manipulation for neck pain only in the early care. In this case, the medical records provide no objective assessment of neck related complaints on 9/16/2013 and no documentation of functional impairment related to cervical spine disease. The original injury was over a year prior to the date of physical therapy request and there is no documentation of any flare of pain for which physical therapy might be expected to be useful. The request for physical therapy for the cervical spine, two times a week for six weeks is not medically necessary and appropriate.