

Case Number:	CM13-0032317		
Date Assigned:	12/18/2013	Date of Injury:	09/17/2013
Decision Date:	02/21/2014	UR Denial Date:	09/20/2013
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 Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and 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 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 58-year-old male who reported an injury on 09/17/2001. The patient is diagnosed with cervical strain, status post cervical fusion at C4-7, degenerative joint disease at C3-4 and C7-T1, and lumbar strain. The patient was seen by [REDACTED] on 05/16/2013. The patient reported severe neck pain with radiation to the bilateral upper extremities. Physical examination revealed limited cervical range of motion, negative Spurling's maneuver, limited lumbar range of motion, and intact sensation. Treatment recommendations included authorization for 12 sessions of physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. The patient does not demonstrate significant musculoskeletal or neurological deficits upon physical examination. There is also no documentation of the most recent physical therapy course of the response to previous physical therapy to support additional supervised rehabilitation. The medical necessity for 12 sessions of physical therapy has not been established. As such, the request is non-certified.