

Case Number:	CM13-0032802		
Date Assigned:	12/06/2013	Date of Injury:	09/21/2012
Decision Date:	04/17/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/08/2013

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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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 female who reported an injury on 09/21/2012. The patient reportedly sustained a laceration to the dorsal surface of the left index finger. The patient is currently diagnosed with discogenic cervical condition with facet inflammation and headaches, element of impingement syndrome, sternoclavicular joint inflammation, and subluxation with arthritis, insomnia, depression, and stress. The patient was recently seen by [REDACTED] on 10/30/2013. The patient completed 12 sessions of physical therapy; however, she still reported limited range of motion and stiffness. The patient also utilizes heat and cold therapy as well as a TENS unit. Physical examination on that date revealed tenderness along the cervical paraspinal muscles bilaterally as well as the trapezius and shoulder girdle, decreased range of motion, and tenderness along the sternoclavicular joint as well as the AC joint. Treatment recommendations included an additional 12 sessions of physical therapy and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WK X 6 WKS FOR CERVICAL AND RIGHT SHOULDER:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PHYSICAL THERAPY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL 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 a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed a previous course of 12 sessions of physical therapy. However, there is no documentation of objective functional improvement. The patient continued to report limited range of motion and stiffness. Additionally, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.