

Case Number:	CM13-0033782		
Date Assigned:	02/20/2014	Date of Injury:	08/21/2013
Decision Date:	04/22/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine, and is licensed to practice in New York. 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 42 year old female with a date of injury of 08/21/2013. The patient had a neck sprain/strain. She already completed 6 physical therapy visits. On 09/18/2013 the cervical range of motion was normal and she had no neck pain. There was no palpable spasm. Spurling sign was negative. The paracervical muscles were not tender. Strength and sensation were normal. Six more physical therapy visits were requested and were not certified on 09/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL PHYSICAL THERAPY TO THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines 2014 Neck.

Decision rationale: MTUS ACOEM Chapter 8 recommends a few physical therapy visits for instruction in a home exercise program as long as red flag signs were not present. She already had 6 physical therapy visits and despite a normal cervical range of motion, strength and sensation, there was a request for an additional 6 physical therapy visits. ODG for neck pain

allows for a maximum of 9 physical therapy visits over 8 weeks and allows for a maximum of 10 physical therapy visits for cervical strain/sprain. The requested additional 6 physical therapy visits would not be consistent with ODG recommendations as it would exceed the maximum allowed number of physical therapy visits. Also there is no documentation that continued formal physical therapy is superior to a home exercise program when the cervical range of motion and strength are normal.