

Case Number:	CM13-0034111		
Date Assigned:	12/11/2013	Date of Injury:	04/26/2013
Decision Date:	02/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation and is licensed to practice in New York 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 57-year-old male who reported a work related injury on 04/26/2013, as a result of a fall. Subsequently, the patient sought out for treatment of the following diagnoses: contusion to face and back, and concussion. Clinical notes document the patient has utilized 12 sessions of physical therapy after his work related injury, with discharge from physical therapy commencing September 2013. The physical therapy discharge noted dated 09/17/2013 documents the patient reports his cervical spine and headaches have decreased. The provider documented upon exam of the patient good decrease of cervical muscle spasms, and noted that mobility had increased to within normal limits. The patient was utilizing a home exercise program. The physical therapist documented the patient's goals had been met and the patient was discharged to a home exercise program

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy for the cervical spine 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on American College of Occupational and Environmental Medicine (ACOEM) - <https://www.acoempracticeguides.org/>, Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has utilized a course of physical therapy after his work related injury, to include 12 sessions. The patient was discharged from therapy with goals having been met. In addition, the patient had normal range of motion about the cervical spine, and no remaining deficits were noted upon physical exam. At this point in the patient's treatment, continued utilization of an independent home exercise program would be indicated, as California MTUS reports to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all the above, the request for 12 additional physical therapy for the cervical spine 3 times per week for 4 weeks is not medically necessary or appropriate.