

Case Number:	CM13-0035424		
Date Assigned:	12/27/2013	Date of Injury:	03/16/2013
Decision Date:	03/24/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 and is licensed to practice in California. 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 35 year old female who reported an injury on 03/16/2013 due to a trip and fall which reportedly caused injury to her head and cervical spine. The patient has received conservative treatments to include medications and physical therapy. The patient underwent MRI that did not reveal any nerve root involvement. The patient's most recent clinical evaluation documented the patient had cervical spine range of motion described as 48 degrees in flexion and 55 degrees in extension with normal motor strength and sensory examination of the bilateral upper extremities. The patient's treatment history included physical therapy, medications, a home exercise program, and a TENS unit. The patient's diagnoses included myoligamentous sprain/strain of the cervical spine. The patient's treatment plan included continuation of medications and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of physical therapy for the cervical spine: Upheld

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

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

Decision rationale: The requested 6 additional sessions of physical therapy for the cervical spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for this type of injury. The clinical documentation indicates the patient has already participated in 9 visits of physical therapy that did provide temporary relief. The clinical documentation does indicate that the patient is participating in a home exercise program; however, has continued pain complaints. One to 2 visits of physical therapy would be appropriate to reassess and re-educate the patient on a home exercise program. However, the requested 6 additional visits would be considered excessive. As such, the requested 6 additional sessions of physical therapy for the cervical spine are not medically necessary or appropriate.