

Case Number:	CM13-0037540		
Date Assigned:	03/19/2014	Date of Injury:	12/01/2009
Decision Date:	05/29/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Practice 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 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 35-year-old female who reported an injury on 12/01/2009. The mechanism of injury was not provided. The patient's diagnosis included a sprain of the neck. The documentation of 09/18/2013 revealed that the patient had 6 sessions of physical therapy that were beneficial, and the patient indicated that she was having significant improvement in overall functional level. The patient had good strength throughout the upper extremities, a normal gait and normal arm swing. The patient was noted to be neurologically intact. It was indicated that the patient benefited from a course of therapy, and there was a request for an additional 4 sessions once a week for 4 weeks to transition 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:

OUTPATIENT PHYSICAL THERAPY TO THE CERVICAL SPINE, ONE TIME A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed indicated the injured worker had participated in 6 sessions of physical therapy. However, there was a lack of documentation indicating the objective functional benefits that were received from the prior physical therapy and the remaining functional deficits. The patient should be well versed in a home exercise program as the injury was reported in 2009. Given the above, the request for outpatient physical therapy (pt) to the cervical spine 1 time a week for 4 weeks is not medically necessary.