

Case Number:	CM13-0040007		
Date Assigned:	12/20/2013	Date of Injury:	02/05/2013
Decision Date:	02/10/2014	UR Denial Date:	09/07/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 63-year-old female who reported injury on 02/05/2013. The mechanism of injury was a physical assault. There was no information provided in the submitted clinical records regarding initial treatment of the patient, medications, diagnostic studies and/or surgical history. The current diagnoses included myofascial sprain of cervical spine; myofascial sprain of the thoracic spine, myofascial sprain of the lumbar spine, blunt head trauma with post-traumatic headaches, post-traumatic stress and anxiety, paravertebral myofasciitis with cervical, thoracic and lumbar spine, left wrist strain, bilateral shoulder myoligamentous sprain, and possible post-traumatic stress disorder. The patient is known to have received 18 sessions of physical therapy from 07/24/2013 through 08/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional sessions of physical therapy to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines and ODG Physi.

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

Decision rationale: The California MTUS Guidelines recommend active therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Eight to 10 visits of physical therapy are recommended for general myalgia and myositis, neuralgia, or radiculitis. Sessions may be extended if objective evidence of functional improvement and decrease in pain levels are provided. The physical therapy notes provided in the medical records have recent documentation of range of motion and pain levels dated 08/12/2013; however, there were no prior quantitative measurements provided. As such, the efficacy of the 18 sessions of physical therapy already received cannot be determined, and the request for 8 additional sessions of physical therapy to the cervical spine is non-certified.