

Case Number:	CM13-0040108		
Date Assigned:	12/20/2013	Date of Injury:	03/28/2012
Decision Date:	02/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Medicine 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 40 year old female with a history of injury to her neck, left shoulder, elbow, wrist, hand, and fingers, and her right hand. The medical evaluation date states the patient sustained her injury between 11/06/2008 to 03/28/2012. The patient complained about her cervical spine. The patient had an MRI of the cervical spine on 03/29/2013. The impression was a 2mm central C6-7 disc herniation. The patient was seen on 10/15/2013 with documented findings of decreased range of motion, and flexibility. The patient had 7 of 10 pain on the pain scale upon examination

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks Cervical Spine: Overturned

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

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

Decision rationale: The request for Physical Therapy 2xWk x 4Wks Cervical Spine is certified. The patient had objective findings of decreased strength, endurance, or range of motion in relation to the cervical spine. The guidelines recommend physical therapy for restoring

flexibility, strength, endurance, function, range of motion. The request fits within the recommended number of visits and recommended period. Given the information submitted for review the request for Physical Therapy 2xWk x 4Wks Cervical Spine is certified.