

Case Number:	CM13-0041396		
Date Assigned:	01/24/2014	Date of Injury:	08/27/2012
Decision Date:	04/11/2014	UR Denial Date:	09/26/2013
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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 48 year old male with a date of injury in August 2012. The treating physician report dated 8/22/13 indicates that the patient has pain affecting the cervical spine, headaches and arms. The current diagnoses are: (1) C6-7 protrusion; (2) C5-6 left foraminal disc herniation; (3) C4-5 disc bulge; (4) Post concussion headaches; and (5) Right elbow industrial 1/30/13 injury with pending surgery on 9/3/13. This request is for 10 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine (10 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The patient presents with chronic neck pain, right shoulder and right elbow pain. The treating physician report dated 8/27/13 indicates that physical therapy of the cervical spine is recommended after the patient has recovered from his right elbow surgery. There is a 9/10/13 request for 10 physical therapy sessions, once per week. The MTUS guidelines indicate

that physical therapy is a recommended treatment option. There was no documentation provided for review of any recent physical therapy for this patient's condition. Therefore, the requested physical therapy is medically necessary and appropriate.