

Case Number:	CM13-0042118		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2013
Decision Date:	02/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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 New York and Texas. 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 38-year-old female who reported a work-related injury on 01/31/2013, as a result of cumulative trauma to the cervical spine and right upper extremity. Clinical note dated 11/27/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes naproxen for her pain complaints. The provider documented upon physical exam of the patient, moderate right paracervical and trapezius tenderness and spasms were noted, with a 10 degree loss of range of motion on right rotation and extension. The provider documented the patient has not responded to extensive conservative treatment, and the patient required an MRI scan of the cervical spine to determine whether or not she had significant pathology to the cervical spine that may require surgical interventions. The provider reported the patient had failed medications and extensive physical therapy in the past

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x15 for neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Upper Back and Neck..

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

Decision rationale: The current request is not supported. The most recent clinical documentation submitted for review is dated from 11/2013, with exam findings by [REDACTED]. The provider documents the patient continues to present with significant cervical spine pain complaints status post a work-related injury sustained in 01/2013. The provider documents the patient has failed an extensive course of physical therapy interventions with no resolve of her symptomatology. At this point in the patient's treatment, given the poor efficacy noted with prior supervised therapeutic interventions, an independent home exercise program would be indicated, as Chronic Pain Medical Treatment Guidelines states to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all the above, the request for physical therapy x15 for the neck is not medically necessary or appropriate.