

Case Number:	CM13-0042162		
Date Assigned:	12/27/2013	Date of Injury:	07/24/2012
Decision Date:	06/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 26 year old male with a reported date of injury of 07/24/2012. The mechanism of injury was reported as a motor vehicle accident. His diagnoses were noted to include cervical sprain/strain, rib heads subluxated bilaterally at T6 and T8 on the right and T6, T7, T8 and T9 on the left with localized mild spasms, lumbar sprain/strain, and muscle splinting and decreased range of motion at T9-L1. The progress report dated 12/18/2013 reported the injured worker had full range of motion to the cervical spine without pain. The provider reported the injured worker had no complaints of pain in the neck; however, the lumbar spine pain was rated at 8/10. The request is for 12 sessions of physical therapy for the cervical spine due to cervical sprain/strain, the rationale is to utilize procedures and modalities to produce muscle spasms, relieve pain, restore motion to normal range, and increase structural strength and stability at the area of the complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 98-99

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

Decision rationale: The injured worker has been shown to have previous sessions of physical therapy to his cervical spine. The MTUS Chronic Pain Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis. There is a lack of documentation regarding current measurable objective functional deficits including range of motion or motor strength. The documentation provided for review reported the injured worker has full range of motion to his cervical spine and no pain. The MTUS Chronic Pain Guidelines recommend 9 to 10 visits over 8 weeks of physical therapy; however, there are an unknown number of previous physical therapy sessions. Therefore, in regards to the injured worker's documented full range of motion with no cervical pain and unknown number of previous physical therapy visits, it is unknown if physical therapy is appropriate at this time. Therefore, the request is not medically necessary and appropriate.