

Case Number:	CM13-0044312		
Date Assigned:	12/27/2013	Date of Injury:	03/31/1997
Decision Date:	04/23/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine, Pulmonary Diseases 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 patient is a 52-year-old female who reported an injury on 03/31/1997. The mechanism of injury was not provided in the medical records. The patient was diagnosed with neck sprain. The patient's symptoms included sharp pain on a scale of 4/10 to 8/10 aggravated by walking. The patient's physical exam revealed active range of motion of the cervical spine to have a flexion of 40, extension 20, side bending 45 bilaterally, and rotation 65. The patient's past medical treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS TO THE CERVICAL SPINE: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, physical medicine with passive therapy can provide short term relief during the early phase of pain treatment and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the

rate of healing soft tissue injuries. Treatment is recommended with the maximum of 9 visits to 10 visits for myalgia and myositis, and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted for review indicated the patient had completed at least 6 physical therapy sessions. However, in the absence of details regarding previous physical therapy treatment, such as measurable objective functional gains made, the request for additional physical therapy is not supported. Given the above, the request for **PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS TO THE CERVICAL SPINE** is non-certified.