

Case Number:	CM13-0046664		
Date Assigned:	01/10/2014	Date of Injury:	01/20/1999
Decision Date:	03/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery, 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 64-year-old male who reported an injury on 01/20/1999. The patient was reportedly injured when he was struck on the top of his head by a heavy object. The patient is currently diagnosed with postlaminectomy syndrome and cervical spondylosis with myelopathy. The patient was seen by [REDACTED] on 10/04/2013. The patient reported persistent pain. Physical examination only revealed an unsteady and guarded gait. Treatment recommendations included 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Physical Therapy

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

Decision rationale: The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow

for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has participated in a course of physical therapy. However, documentation of the previous course of treatment was not provided for review. Given the absence of objective functional improvement, additional treatment cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.