

Case Number:	CM13-0048944		
Date Assigned:	12/27/2013	Date of Injury:	08/28/2013
Decision Date:	03/06/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 female with an August 28, 2013 date of injury. The patient has complaints of neck pain with numbness and tingling in the arm and has tenderness over the paracervical and trapezius muscles. Current diagnoses include wrist sprain/strain, cervical sprain/strain, muscle spasms of neck. Treatment to date includes 12 physical therapy visits and 12 chiropractic treatments. The request is for six (6) additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

six (6) additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical therapy (PT)

Decision rationale: The California MTUS guidelines reference a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of physical therapy. The ODG recommends a limited course of physical

therapy for patients with a diagnosis of sprains and strains of neck not to exceed 10 sessions over 8 weeks and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of diagnoses of wrist sprain/strain, cervical sprain/strain, and muscle spasms of neck. In addition, there is documentation of 12 physical therapy sessions completed to date, which exceeds guidelines, functional deficits, and functional goals. In addition, despite documentation of less pain and better range of motion with previous physical therapy, there is no documentation of objective improvement with previous treatment. Furthermore, there is no documentation of a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request for six (6) additional physical therapy sessions, three (3) times a week for two (2) weeks, for the upper extremities is not medically necessary.