

Case Number:	CM13-0049376		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2013
Decision Date:	03/07/2014	UR Denial Date:	10/18/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in 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 50-year-old female who reported a work related injury on 2/25/13; the specific mechanism of injury was not stated. The patient presents for treatment of cervical spine pain complaints. Since her work related injury, the patient has utilized 30 sessions of physical therapy. The clinical note dated 10/14/13 reports that the patient was seen in clinic under the care of [REDACTED]. The provider documents that the patient had undergone an electrodiagnostic study of the bilateral upper extremities, which revealed mild to moderate denervation on the right C5-6 distribution. A different provider [REDACTED] was recommending physical therapy and anti-inflammatories for the patient's cervical spine pain. The patient is currently utilizing naproxen. The provider documented, upon physical exam of the patient, pain at C5 with flexion, extension, and rotation of the neck. The patient reported pain of the right wrist with flexion, rotation, and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 12 additional sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The clinical notes document the patient has attended over 30 sessions of physical therapy for her pain complaints since her related injury in February 2013. A request for an additional 12 sessions of supervised therapy is excessive in nature, as California MTUS indicates to allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical medicine. At this point in the patient's treatment, an independent home exercise program would be indicated. Given all of the above, the request is not medically necessary or appropriate.