

Case Number:	CM13-0050080		
Date Assigned:	12/27/2013	Date of Injury:	04/19/1997
Decision Date:	03/07/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal Medicine and is licensed to practice in New York. 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 68 year old female with a date of injury on 04/19/1997. She had a slip and fall accident in the lobby with an injury to her neck, back and left knee. She has had multiple courses of physical therapy. On 03/02/2010 she had a left knee arthroplasty. On 03/09/2011 [REDACTED] noted that she was P&S. She had neck pain on 06/04/2013. On 10/09/2013 [REDACTED] noted neck pain with tenderness of the left paracervical muscles. A cervical x-ray showed narrowing of the disc space with degenerative changes. There was a C5-C6 osteophyte. In 10/2013 there was a request for 8 visits of physical therapy to the cervical spine that was denied. This is a review of the appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Cervical Spine, two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: It is unclear exactly how many cervical spine physical therapy visits she has had since 1997. She had previous physical therapy to her cervical spine and the benefit with

functional improvement in her ability to do the activities of daily living for this treatment has not been documented. By this point in time relative to the injury, she should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy at this point in time is superior to a home exercise program. MTUS chronic pain guidelines allow for 9 - 10 visits over 8 weeks but there must be objective documentation that there is improvement in the patient's ability to do the activities of daily living. That has not been documented.