

Case Number:	CM13-0051212		
Date Assigned:	12/27/2013	Date of Injury:	04/06/2011
Decision Date:	04/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, 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:

This is a 75-year old gentleman with a date of injury of 4/06/11. Mechanism of injury was repetitive computer work that eventually caused symptoms affecting the neck and right upper extremity. The patient had conservative care, including meds, PT, ESI and modified activity. An MRI and electro diagnostics were eventually done, and recommendations were made for surgery, but the patient declined. Following the refused surgery, further conservative care was done. By 4/16/13, the patient was declared Permanent and Stationary for a diagnosis of cervical sprain/strain, cervical spondylosis/stenosis and right C6-7 radiculopathy. Future medical provision includes PT, acupuncture, ESI and possible surgery. The patient was seen again on 10/07/13, and though there was no change in exam, the patient was having a severe flare-up of neck pain. 12 sessions of PT were requested, and this was submitted to Utilization Review on 10/15/13. Treatment modification of PT x 6 sessions was recommended for certification by the UR physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY, THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS, TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK, PHYSICAL THERAPY (PT).

Decision rationale: ACOEM Guidelines is non-specific with regards to PT duration recommendations, but does state that 1-2 sessions of PT for education/instruction/counseling and evaluation of home exercises is recommended. ODG recommends 10-12 sessions of PT for this diagnosis. In this case, the patient has already had extensive prior therapy, likely in excess of the 10-12 guideline recommendation, and has already been declared Permanent and Stationary with Future Medical Care provision that includes PT. The patient presents with an acute flare of subjective pain symptoms in October of 2014, but with no change in objective exam measures. The reviewing UR physician recommended certification of 6 sessions of PT for the acute flare, rather than the requested 12. This was an appropriate determination for this patient with who is Permanent and Stationary with no new or significant impairments. There was/is no medical necessity for certification of the entire 12 sessions of PT for the cervical spine.