

Case Number:	CM13-0051483		
Date Assigned:	12/27/2013	Date of Injury:	05/21/2013
Decision Date:	02/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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, 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:

This is a 39 year-old male forklift driver who injured himself on 5/21/13 when his forklift fell off the loading dock. He hit his head, but was wearing a helmet; he had blurred vision, which resolved. He also injured his neck and lower back. He has been diagnosed with cervicalgia; lumbago; left sacroiliitis; and left leg sciatica. The IMR application shows a dispute with the 10/1/13 UR denial of PT for the cervical spine. The UR letter is by [REDACTED] and denied a request for PT x12 because the patient was already reported to have had 9 sessions of PT. The UR letter did not list any medical records from the requesting physician, but relied on a nurse review from [REDACTED] from 9/28/13. Unfortunately, the 9/28/13 report was not made available for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC ODG Treatment, Integrated Treatment /Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (Updated 5/10/2013) Physical Therapy (PT) and the ODG Guidelines Neck and Upper Back (Acute & Chronic) (Up

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

Decision rationale: The 9/18/13 report from [REDACTED] does not mention a request for PT. There was an orthopedic consult with [REDACTED] on 8/19/13 who stated the patient had PT for the lower back, but not for his neck, he recommended trying PT for the cervical region. There is a 10/23/13 appeal letter by [REDACTED] stating he will appeal the denial of PT for the cervical spine. The question posed to me, is whether PT is necessary for the cervical spine. It is an incomplete prescription, as the total number of sessions, or the duration and frequency are not provided. MTUS recommends 8-10 sessions of PT for various and unspecified myalgias and neuralgias. But with the incomplete prescription, I am unable to determine whether the unknown number of sessions of PT will exceed 10 visits. The medical records did not state any specific duration or frequency of PT for the cervical spine, and I cannot confirm that PT for cervical spine is in accordance with MTUS recommendations.