

Case Number:	CM13-0052116		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2005
Decision Date:	03/12/2014	UR Denial Date:	10/12/2013
Priority:	Standard	Application Received:	11/15/2013

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 Illinois. 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 55-year-old female who reported an injury on 8/1/05. The mechanism of injury was not provided for review. It is noted that the patient suffers from chronic neck pain that appears to be worsening. She reported mild improvement from a trial massage, and more recently, received 12 sessions of physical therapy. The patient is known to have isolated, severe degeneration at C5-6, a negative EMG of the bilateral upper extremities, and no evidence of radiculopathy or myelopathy. Her persistent neck pain has caused her to develop chronic headaches, for which she is receiving treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for eight weeks for the cervical spine between 9/11/13 and 12/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS/ACOEM guidelines recommend physical therapy to restore flexibility, strength, endurance, function, and range of motion, and to alleviate

discomfort. For unspecified myalgia and myositis, guidelines recommend up to 10 visits after an initial trial of 6 visits have proven effective. The clinical notes submitted for review provide evidence that the patient is benefiting from physical therapy, but that she continues to have range of motion deficits. However, the current request for an extension of 16 sessions, does not allow for periods of assessment and change of treatment plan. California MTUS/ACOEM Guidelines recommend that treatment be segmented in order to allow for reassessment and modification as needed. Although the patient may benefit from more physical therapy, the current request does not allow for periodic reassessment. As such, the request is non-certified.