

Case Number:	CM13-0054522		
Date Assigned:	12/30/2013	Date of Injury:	10/29/2010
Decision Date:	03/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Pulmonary Diseases 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:

The patient is a 59-year-old male who reported an injury on 10/29/2010, due to repetitive trauma while performing normal job duties. The patient ultimately underwent cervical fusion in 10/2012. The patient underwent a normal course of postoperative treatment, and was discharged from physical therapy in 03/2013. The patient's most recent clinical examination findings included tenderness to the right shoulder and acromioclavicular joint, with restricted range of motion noted as 140 degrees in abduction, and 150 degrees in flexion, with a positive supraspinatus and impingement maneuver. The patient's diagnoses included status post C4-6 anterior cervical discectomy and fusion, cervicalgia, and dysphagia. The patient's treatment plan included physical therapy for suboccipital release and strengthening of the upper extremities, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for six (6) physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The requested 6 physical therapy visits between 10/15/2013 and 11/29/2013 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had extensive physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate to reassess and re-educate the patient in a home exercise program. The requested 6 additional physical therapy visits would be considered excessive. As such, the requested 6 physical therapy visits between 10/15/2013 and 11/29/2013 are not medically necessary or appropriate.