

Case Number:	CM13-0056225		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2013
Decision Date:	03/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Practice and is licensed to practice in Texas. 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 60-year-old male patient who reported an injury on 08/12/2013 and the mechanism of injury was that the patient was sitting in traffic when a small truck rear ended the patient's vehicle resulting in his head snapping back. Objective findings of the cervical spine showed 2+ tenderness to palpation bilateral posterior cervical paraspinals and left upper trapezius. There were cervical paravertebral spasms. Cervical flexion 38 degrees with moderate pain, extension 30 degrees with moderate pain, lateral flexion right and left 30 degrees with moderate pain, rotation to the right 40 degrees with moderate pain, rotation to the left 60 degrees with moderate pain. Medication listed: Norflex 100 mg 1 twice a day. Other therapies included physical therapy; 6 visits to date. MRI of the cervical spine 09/14/2013 revealed mild degenerative changes mildly narrowing the left neuro foramen at C5-6. At C6-7, degenerative changes caused mild to moderate narrowing of the left and mild narrowing of the right neuro foramen. Trace posterior disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy three times a week for two weeks: Upheld

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

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

Decision rationale: The CA MTUS Guidelines state "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended." The request for the additional physical therapy 3 times a week for 2 weeks for the cervical spine is non-certified. On physical examination 12/20/2013 the patient presented with no evidence of loss of range of motion as the patient turned the head during examination. Flexion and extension were both within normal limits. As well as right left lateral bending and rotation. Although CA MTUS Guidelines recommend physical therapy, the documentation provided indicated the patient has had 6 prior physical therapy sessions to date with still some deficits, the request would exceed the number of total of recommended visits by the guidelines. As such, the request is non-certified.