

Case Number:	CM13-0056462		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2012
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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:

The injured worker is a 37-year-old male who reported an injury on 10/08/2012. The mechanism of injury was noted to be a motor vehicle accident. His symptoms included increased neck pain. Physical exam findings revealed cervical range of motion of flexion 40 degrees, extension 60 degrees, side flexion right 40 degrees and dislocation 40 degrees. The injured worker was diagnosed with cervical strain. Past medical treatment included physical therapy. Diagnostic studies were not included in the medical records. On 10/15/2013, a request for 8 sessions of physical therapy had been made. The rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation MTUS 2009 General Approaches: ACOEM, Pain, Suffering and the Restoration of Function Chapter (page 114).

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

Decision rationale: According to the California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home

physical medicine in the condition of myalgia and myositis, unspecified at 9 to 10 visit, and neuralgia, neuritis, and radiculitis, unspecified at 8 to 10 visits. The most recent documentation submitted for review indicates the injured worker has increased neck pain and a decrease in range of motion to the cervical spine. However, the documentation also indicates the injured worker has had previous physical therapy without documentation of functional gains. Additionally, the documentation submitted for review failed to provide evidence of exceptional factors needed to warrant additional physical therapy. The request as submitted failed to provide the frequency in which the therapy was to be performed. Due to the lack of documented objective functional gains made in previous physical therapy and documented exceptional factors, additional therapy is not supported. Given the above, the request for 8 sessions of physical therapy is non-certified.