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| Case Number: | CM13-0057308 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/24/2012 |
| Decision Date: | 03/27/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 Occupational 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:

Applicant has been treated with the following Analgesic medications, a TENS unit; unspecified amounts of trigger point injections; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; initial return to modified work; and apparent return to regular work. In a Utilization Review Report of November 28, 2013, the claims administrator partially certified a request for eight sessions of physical therapy as four sessions of physical therapy, citing non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. An earlier note of December 5, 2013 is notable for comments that the applicant presents with chronic neck pain radiating to the left arm. The applicant is apparently working regular duty. He is on Naprosyn, Flexeril, Prilosec, and Ultram. He has normal motor strength in all upper extremity motor groups. There is some evidence of diminished sensorium about the left C6 distribution. The applicant has a radiographically confirmed cervical disk herniation, it is stated. Permanent work restriction is endorsed. It does appear that the applicant is working with these limitations in place. Eight sessions of physical therapy were sought on an earlier progress note of October 25, 2013. It was stated that the applicant's job at [REDACTED] was physically arduous. On an earlier note of September 12, 2013, it was stated that the applicant should be capable of doing physical therapy on his own. The applicant was described as a non-operative candidate. A 20-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy (PT) for the Cervical Spine, 2 visits a week for 4 weeks as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (ONLINE VERSION) www.acoempracguides.org, Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, diminishing or tapering the frequency of physical therapy over time, and transitioning an applicant towards self-directed home physical medicine are recommended. In this case, the eight-session course of treatment was recommended over one year removed from the date of injury. The applicant had already had extensive prior therapy up until that point in time. The eight-session course treatment proposed by the attending provider would run counter to the principle articulated on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines to diminish or fade the frequency of treatment over time. Therefore, the request is not certified, on Independent Medical Review.