

Case Number:	CM13-0057755		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2010
Decision Date:	05/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 64-year-old female who reported injury on 07/15/2010. The precise mechanism of injury was the injured worker was putting high shelves on racks over her head and heard a pop in her neck. The injured worker was treated with chiropractic care, medications, and physical therapy. The documentation of 10/07/2013 revealed cervical spine range of motion had decreased about 25%. The injured worker's diagnoses included HNP C5/6 and C6/7, status post ACDF C5-C7, 12/02/2010, C4-5 spondylosis with mild compression, and status post left shoulder surgery. The request was made in the treatment plan for physical therapy to continue 2 x Wk x 4 Wks and for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL SPINE (8 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

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

Decision rationale: California MTUS Guidelines indicate that physical medicine is recommended for patients decreased inflammation, swelling and pain. The treatment for

myalgia is 9 to 10 visits. There was a lack of documentation indicating the number of sessions previously attended and the functional benefit received from the prior therapy. There was a lack of documentation of the injured worker's objective functional deficits to support the necessity for ongoing therapy. The injured worker should be well versed in a home exercise program. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for physical therapy for the cervical spine 8 sessions is not medically necessary.