

Case Number:	CM13-0060152		
Date Assigned:	03/03/2014	Date of Injury:	01/08/2013
Decision Date:	07/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 01/08/2013 for a fall. The injured worker had a history of headaches, poor sleep pattern and discomfort with a diagnosis of disc degeneration, cervical radiculopathy at the C-6 and lower extremity fracture. The physical examination on 09/10/2013 reveals cervical spine pain with rotation and extension to the spine, tenderness to palpation over the lumbar spine and decreased range of motion. However, the documentation from 10/22/2013 indicates pain across the cervical spine with no focal motor deficits and a treatment plan to include repeat injections. The injured worker had 12 visits of physical therapy dated 08/06/2013 to 09/10/2013. The documented physical therapy from 08/06/2013 evaluation revealed cervical flexion of 78 degree, extension 60 degree, and left rotation 40 degrees. The physical examination after 12 sessions revealed cervical range of motion of flexion 70 degrees, extension 60 degrees and rotation of 40 degrees with assist of activities of daily living. The request form authorization is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE CERVICAL SPINE (8 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy for the cervical spine (8 sessions) is non-certified. The California MTUS guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The California MTUS guidelines indicate that up to 10 treatments of therapy are recommended. The documentation provided indicates that the injured worker had 12 sessions of physical therapy from 08/06/2013 to 09/10/2013 without any improvement to the cervical region. The request is for 8 additional sessions of physical therapy would exceed the indicated timeframe of sessions. Therefore, the request is non-certified.