

Case Number:	CM13-0060704		
Date Assigned:	12/30/2013	Date of Injury:	07/09/2010
Decision Date:	03/27/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/03/2013

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 Internal Medicine , 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:

This is a 55 year old male status post injury, MVA 7/9/10. Patient was seen (11/14/13) with subjective complaints of aching and sore pain in bilateral knees, neck pain, pain affecting his daily activities with severe limitations with squatting, he is unable to kneel or run, has severe limitations with lifting, starts, and moderate limitations on walking. Objectively cervical spine flexion, extension, lateral bending left and right are 25% decreased. Physical therapy progress reports (11/12/13, 11/26/13) show he responds well to treatment, with a complete pain free range of motion post treatment, and restricted motions clear post treatment. Diagnoses include status post bilateral knee surgery and cervical disc protrusion. Treatments have included medication, conservative treatment modalities which have helped, and surgery .The disputed issue is physical therapy 2 times a week times 6 weeks for the cervical spine which was requested as the patient is responding well to physical therapy and improving

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Records submitted indicated that the patient had 18 sessions of the therapy for the neck and he had significant improvement of the function of the C/spine. Further physical therapy is not necessary instead the patient shall be given the teaching further continue active therapy as shown above the success rate were better with the active treatment.