

Case Number:	CM13-0063901		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2010
Decision Date:	03/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 44 year old female with an 11/10/10 date of injury. At the time of request for authorization for Physical Therapy for Cervical Spine: 2-3 x 4-6 weeks, there is documentation of subjective (cervical spine pain which constantly radiates to her upper extremities) and objective (decreased and painful range of motion of the cervical spine with tenderness of the paraspinal muscles and tenderness of the facets) findings, current diagnoses (cervical spine sprain, cervical spine radiculopathy, and cervical spine disc disease), and treatment to date (20 sessions of physical therapy, trigger point injections, activity modification, epidural steroid injection, and medications). There is no documentation of objective improvement with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical Spine: 2-3 x 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical therapy (PT). American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004), Pain, Suffering, and the Restoration of Function Chapter, page(s) 114.

Decision rationale: MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of additional physical therapy. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical spine sprain/strain not to exceed 10 sessions over 8 weeks, and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines, as criteria necessary to support the medical necessity of additional physical therapy. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain, cervical spine radiculopathy, and cervical spine disc disease. In addition, there is documentation of 20 physical therapy sessions completed to date, which exceeds guidelines, functional deficits, and functional goals. Furthermore, there is no documentation of objective improvement with previous treatment and documentation of exceptional factors. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy for Cervical Spine: 2-3 x 4-6 weeks is not medically necessary.