

Case Number:	CM13-0064467		
Date Assigned:	01/03/2014	Date of Injury:	04/07/2004
Decision Date:	03/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/11/2013

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 & 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 59-year-old male with a 4/7/04 date of injury. At the time of request for authorization for Physical Therapy Cervical, there is documentation of subjective (neck pain radiating down the bilateral upper extremities with numbness in the left ring and small fingers) and objective (decreased cervical range of motion) findings, current diagnoses (cervical spondylosis and stenosis), and treatment to date (physical therapy (unknown amount)). There is no documentation of the number of previous PT treatments and objective improvement with previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004)) pg. 114 Official Disability Guidelines (ODG), Section Neck & Upper Back, Physical Therapy

Decision rationale: The MTUS reference to ACOEM identifies documentation of 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. The ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical stenosis 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 spondylosis and stenosis. In addition, there is documentation of previous PT visits, functional deficits, and functional goals. However, there is no documentation of the number of previous PT treatments and, if the number of treatments have already exceeded the recommendations of PT guidelines, or a statement why any residual deficits cannot be resolved in the context of a home exercise program. In addition, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy Cervical is not medically necessary.