

Case Number:	CM13-0065074		
Date Assigned:	01/03/2014	Date of Injury:	10/28/2013
Decision Date:	05/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 38-year-old female who reported an injury on 10/28/2013. The documentation indicated that the injured worker had been treated with five (5) sessions of physical therapy. The mechanism of injury was the injured worker was assaulted by a client. The treatment included physical therapy, which provided no relief. The diagnoses included cervical myalgia, and myospasm sprain and strain. The treatment plan included continued physical therapy three (3) times a week for four (4) weeks to evaluation and treat.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 3 TIMES A WEEK FOR 4 WEEKS TO THE HEAD & NECK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PHYSICAL MEDICINE GUIDELINES

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 CHAPTER, PHYSICAL MEDICINE.

Decision rationale: The Official Disability Guidelines recommend 10 visits over 8 weeks of physical medicine treatment for sprains and strains of the neck, and when treatment duration

and/or number of visits exceed the guidelines, exceptional factors should be noted. The clinical documentation submitted for review indicated that the injured worker had two (2) sessions of physical therapy and reported no improvement. There was a lack of documentation of objective functional deficits. The request for twelve (12) visits of physical therapy would exceed guideline recommendations. Given the above, the request for additional physical therapy three (3) times a week for four (4) weeks to the head and neck is not medically necessary.