

Case Number:	CM13-0065742		
Date Assigned:	03/03/2014	Date of Injury:	08/08/2013
Decision Date:	05/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational 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 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 patient is an employee of [REDACTED] and has filed a claim for neck sprain associated with an industrial injury date of August 8, 2013. Utilization review from December 2, 2013 denied the request for physical therapy 2 x 4 due to no indication of any complication to recovery, comorbidity, or extenuating clinical circumstance that would support continued physical therapy beyond the possible exceeded guidelines. Treatment to date has included 12 physical therapy sessions, 6 acupuncture sessions, and oral pain medications. Medical records from 2013 were reviewed showing the patient complaining of neck and low back pain. The neck pain radiates to the back of the head. Acupuncture has not made a significant difference. On examination, there was decreased range of motion for the cervical spine due to pain and spasms. The lumbar spine also had decreased range of motion due to pain. The patient noted that physical therapy was helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES 8 VISITS: MYOFASCIAL NECK AND LOW BACK PAIN 2 TIMES 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

Decision rationale: As stated on pages 98-99 of the Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient has had 12 sessions of physical therapy. The patient should be well versed in independent exercises by now. It is unclear why the patient cannot perform home exercises. While the previous physical therapy sessions were noted to be helpful, specific functional gains were not indicated such as improved ability to perform activities of daily living. Therefore, the requested physical therapy is not medically necessary and appropriate.