

Case Number:	CM13-0066169		
Date Assigned:	06/09/2014	Date of Injury:	02/18/2013
Decision Date:	07/14/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 47-year-old female who sustained an injury to her neck on 02/18/13. The mechanism of injury was not documented. Plain radiographs of the cervical spine dated 09/24/13 revealed straightening of the normal cervical lordosis with restricted range of motion on flexion which may reflect an element of myospasm. Treatment to date has included epidural steroid injections, physical therapy and NSAIDs. MRI of the cervical spine dated 04/06/13 demonstrated at C3-4, central focal disc protrusion. The injured worker continued to complain of pain that is constant, dull and achy that becomes sharp with increased activities. Physical examination noted range of motion flexion 45, extension 50, left lateral flexion 30, right lateral flexion 35, bilateral rotation 75; palpation and paraspinal spasm at the bilateral spinous process, paravertebral muscle and trapezius muscles; sensory within normal limits; deep tendon reflexes 2+ throughout; cervical distraction test positive right, negative left, maximal foraminal compression test positive bilaterally as well as Soto-Hall testing positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE, 2 TIMES A WEEK FOR 4 WEEKS, AS AN OUTPATIENT: 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 Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

Decision rationale: The records indicate that the injured worker has completed at least 25 physical therapy visits to date. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines (ODG) recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency, from up to three visits per week to one or less, plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for eight additional physical therapy visits for the cervical spine, two times a week for four weeks, as an outpatient has not been established. The request is not medically necessary.