

Case Number:	CM13-0067547		
Date Assigned:	01/03/2014	Date of Injury:	12/06/2008
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine and Pulmonary Diseases 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 a 47-year-old male who reported an injury on 12/06/2008. The mechanism of injury was not provided in the medical records. The patient's diagnoses include cervical spondylosis without myelopathy, cervical radiculopathy, and peripheral vascular disease. At his 11/20/2013 office visit, it was noted that the patient denied symptoms or neck pain or radiculopathy at the present time. His physical examination findings included no abnormal objective findings of the cervical spine or upper extremities. It was noted that the patient was given a work release slip for no lifting greater than 35 pounds

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

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

Decision rationale: According to the California MTUS Guidelines, physical therapy may be recommended to promote functional improvement in the treatment of unspecified neuralgia,

neuritis, and radiculitis at 8 visits to 10 visits over 4 weeks. The clinical information submitted for review indicates that the patient has a history of cervical spine conditions as the result of his work related injury in 2008. However, the clinical information submitted for review failed to provide specific details regarding the patient's prior physical therapy treatment, including previous number of visits completed, duration of treatment, and measurable objective functional gains made with previous physical therapy to warrant additional visits. Additionally, the patient's most recent clinical note provided indicated that the patient denied symptoms of cervical spine or upper extremity pain. Additionally, he was not shown to have any objective measurable functional deficits to warrant physical therapy treatment. For these reasons, the request is non-certified