

Case Number:	CM13-0070787		
Date Assigned:	01/15/2014	Date of Injury:	02/07/2012
Decision Date:	04/24/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 applicant is represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 7, 2012. Thus far, the applicant has been treated with Analgesic medications; and unspecified amounts of physical therapy over the life of the claim. A November 6, 2013 progress note is notable for comments that the applicant is performing his usual and customary work duties and has ongoing issues with reflux. It is stated that the physical therapy has improved the applicant's function over time. The applicant is given diagnosis of cervical radiculopathy and shoulder tendonitis. It is stated that the applicant is allowed 24 sessions per industrial injury as well as additional therapy for flare-ups. Twelve (12) additional sessions of treatment are therefore sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL SPINE, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Therapy: CA MTUS, page 474

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines 9- to 10-session of physical therapy is recommended for myalgias and/or myositis of the various body parts. Guidelines emphasis active therapy, active modalities, tapering or fading the frequency of treatment over time and self-directed home physical medicine. In this case, the 12-session course of treatment proposed here would exceed guideline recommendations. The applicant has already returned to regular work and should be able to transition to a home exercises program. Therefore, the request is not certified.