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| Case Number: | CM13-0072734 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 06/29/2012 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 & Rehabilitation, 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 injured worker is a 55-year-old female who reported an injury on 06/29/2012; the mechanism of injury was reported as a fall. Within the submitted medical records, it was revealed that the injured worker had completed 12 sessions of physical therapy, which reportedly worsened and aggravated her symptoms. Within the clinical note dated 01/09/2014, it was reported that the injured worker had 4 sessions of physical therapy around 10/2013 and helped. It was also noted that the injured worker utilizes a cervical collar at home and keeps her neck wrapped up and uses a TENS unit with Flector patches. The physical examination revealed today range of motion in the C-spine was rotation to the left and right 50 degrees with no neurological deficit in the upper extremities. It was also noted that the injured worker was working at that time and utilizing no medication. The diagnoses include cervical strain and left trapezius muscle strength. The Request for Authorization was not provided in the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY VISITS X8 FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for continuation of physical therapy for 8 visits of the C-spine is non-certified. The California MTUS Guidelines state that physical therapy is to be utilized in the presence of documented objective functional deficits. The guidelines further state that for myalgia and myositis, physical therapy is to be no more than 9 to 10 visits over 8 weeks. With the documentation of 16 previous physical therapy visits, and no objective functional deficits documented within the physical examination findings, the request cannot be supported by the guidelines. Additionally, it was documented that the injured worker was utilizing a C collar, which is contraindicated for physical therapy given for sprains it is not recommended by the fact that the use of immobilization decreases the range of motion. As such, the request is non-certified.