

Case Number:	CM14-0000506		
Date Assigned:	01/10/2014	Date of Injury:	08/20/2013
Decision Date:	09/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Medicine and is licensed to practice in Ohio. 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 57 year old female who stated injury was 8/20/2013. Apparently she was grabbed by a special education student and had her neck pulled. She subsequently developed neck pain and left shoulder pain. She was seen in treated with a variety medications and prescribed six visits of physical therapy. The treating physician noted that there was no radicular arm pain, the neurologic exam of the upper extremities was normal, there was reduced range of motion with regard to the neck and there were spasms noted in the neck musculature. The patient had six visits of physical therapy and was prescribed a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY OF THE CERVICAL SPINE (WITH HEAT, MASSAGE AND TENS) 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <, Section on the Neck <Physical Therapy Guidelines>.

Decision rationale: The official disability guidelines to allow for physical therapy for sprains and strains of the neck musculature as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):9 visits over 8 weeks Sprains and strains of neck (ICD9 847.0):10 visits over 8 weeks. There appears to have been no formal assessment of progress following her six visits with physical therapy. No compelling reason for continuation of physical therapy has been provided. No documentation exists within the records reviewed to explain why the previously prescribed home exercise program could not suffice. Therefore, physical therapy of the cervical spine 2 X 4 is not medically necessary.