

Case Number:	CM14-0001924		
Date Assigned:	02/12/2014	Date of Injury:	12/30/2010
Decision Date:	06/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 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:

This is a 53-year-old male with a 12/30/10 date of injury. The injured worker slipped and fell sustaining injuries to his head and neck while working. He has undergone physical therapy (PT) to the cervical spine in 2012 and 2013. Another 12 sessions were requested in November 2013 and denied. This was appealed and the patient had 8/12 sessions approved in a utilization review decision on 12/16/13 as it was noted that the patient was seen on 10/24/13 for flare up of the neck and shoulders and had previously been diagnosed with degenerative disc disease of the cervical spine and right ankle sprain. The physical therapist was contacted and the additional therapy was noted to be for the flare up of the cervical spine. The patient was most recently seen on 1/9/14 where it was noted that the patient was to receive 8 sessions of physical therapy for his C spine, and was to undergo his physical therapy and follow up in 6 weeks. He had ongoing complaints of neck pain with exam findings of paravertebral muscle spasm and tenderness of the trapezius muscles bilaterally as well as limited range of motion of the C spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE, Page(s): 98-99.

Decision rationale: The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This patient already has 8 sessions of physical therapy approved for the C spine. On the last documented progress report, the plan was to have the patient undergo these 8 sessions and reassess. Thus, the rationale for another 12 sessions at this time is unclear. Therefore, the request was not medically necessary.