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| Case Number: | CM14-0002076 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 10/01/2013 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 12/18/2013 |
| 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 Internal Medicine, and is licensed to practice in District of Columbia and Virginia. 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 41-year-old woman with neck and back pain following a slip and fall while walking in the restroom. She worked in data entry in an office environment. On Oct 15 2013 she had a head computed tomography (CT) scan, which was negative. She returned to work on Oct 21 2013. The patient had persistent headaches and was prescribed physical therapy for her neck and right shoulder and lower back. She attended 6 sessions. The patient had a shoulder x-ray on Oct 1 2013, which was unremarkable. [REDACTED], the physical therapist, saw the patient on Oct 9 2013 for neck sprain and strain. The physical therapist recommended education in home exercise program, in addition to increase in mobility and decrease pain. The patient was seen by [REDACTED] on Oct 23 2013 and instructed to continue taking Naproxen 550mg, Flexeril 7.5mg. She was also referred to a neurologist for ongoing headaches in Nov 2013.

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 AND RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174,181 and 201, 203, 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preface.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174,181 and 201, 203, 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preface.

Decision rationale: According to the clinical documentation submitted for review, the patient was referred to physical therapy for ongoing neck and back pain. The patient was written for 8 sessions. The patient had attended 6 sessions. The notes from physical therapy are scanty but it appears that one session did recommend a home exercise program. There is no medical indication for additional physical therapy. As such, the request is not certified.