MAXIMUS Federal Services

Case Number:	CM14-0002615		
Date Assigned:	01/29/2014	Date of Injury:	06/27/2013
Decision Date:	06/16/2014	UR Denial Date:	12/27/2013
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 Orthopedic Surgery and is licensed to practice in Texas. 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 39-year-old male who sustained injuries to his neck and upper back on 06/27/13. He also sustained cumulative injuries to the bilateral upper extremities and cervical spine while performing customary duties operating a forklift. The injured worker was seen at the company clinic and diagnostic studies were performed. Electrodiagnostic studies revealed normal findings and the injured worker was diagnosed with cervicalgia. The injured worker has been off work since 08/13/13 and the records indicate that he has been authorized for at least ten (10) physical therapy visits to date that have provided significant benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X4 FOR CERVICAL TO INCLUDE CERVICAL TRACTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, PHYSICAL THERAPY (PT).

Decision rationale: The records indicate that the injured worker has already been approved for at least ten (10) physical therapy visits to date. The Official Disability Guidelines recommend up to nine (9) visits over eight (8) weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There is no additional significant objective clinical information that supports the need to exceed the guideline recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for additional physical therapy two (2) times a week for four (4) weeks has not been established. Recommend non-certification.