

Case Number:	CM14-0008152		
Date Assigned:	02/12/2014	Date of Injury:	06/22/2006
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/22/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 6/22/06. A utilization review determination dated 1/2/14 recommends modification of PT from 12 sessions to 8 sessions. 12/6/13 medical report identifies neck symptoms radiating down both arms, worse on the right, with numbness and tingling in the hands. No exam findings are documented. PT was recommended to help control the symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES SIX (6) FOR C-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, PHYSICAL MEDICINE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

Decision rationale: Regarding the request for Physical Therapy two (2) times six (6) for C-Spine, Chronic Pain Medical Treatment Guidelines, supports up to 10 PT sessions in the management of radiculitis. Within the documentation available for review, there is no documentation of any significant objective findings or functional deficits. Furthermore, Chronic Pain Medical Treatment Guidelines does not support more than 10 PT sessions in the

management of the patient's cited injuries and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Physical Therapy two (2) times six (6) for C-Spine is not medically necessary.