

Case Number:	CM14-0008462		
Date Assigned:	02/12/2014	Date of Injury:	04/10/2001
Decision Date:	07/11/2014	UR Denial Date:	12/30/2013
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 Occupational Medicine 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 43-year-old male with a 4/10/01 date of injury to the left shoulder while lifting stones. His diagnosis is cervical sprain. He has had physical therapy (PT) X 10, and medications for treatment to date. Requests for acupuncture, chiropractic therapy, and additional PT were denied last June (PT was denied given there was no evidence of efficacy of prior treatment). Of note, the patient complains of ongoing chest pain and as well as along the spine and upper extremities. His current exam reveals decreased range of motion of the spine with paraspinal spasm noted. There is no noted re-injury since 2001.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-Physical therapy, cervical sprain.

Decision rationale: 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 has a 2001 date of injury, and apparently has had 10 session of physical therapy since then, but there is no evidence of benefit or efficacy provided in the documentation. The patient has a diagnosis of cervical sprain, and disc bulge without radiculopathy. He has no prior PT notes for review, and the patient has had the ODG recommended number of sessions. There is no re-injury noted. Therefore, with regard to the request for further physical therapy, medical necessity was not met.