MAXIMUS Federal Services

Case Number:	CM14-0008648		
Date Assigned:	02/12/2014	Date of Injury:	09/29/2009
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 Interventional Spine, 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 patient is a 38-year-old male with a date of injury of 09/29/2009. The listed diagnosis per [redacted] is exacerbation of cervical disk disease. According to report 12/12/2013 by [redacted], the patient presents with an increase in neck pain. He denies any radicular pain, but does have some persistent cervical paraspinous and trapezial pain and tightness. On examination of the cervical spine, there is provocative pain with extension passed the neutral position. There is some right lower paracervical tenderness extending to the trapezium with a mild amount of paraspinous spasm. Cervical x-rays showed a slight tilt to the cervical prosthesis, but no evidence of loosening. The treating physician recommended "a short physical therapy course 2 times per week for a period of 4 weeks with initial modalities progressing to flexibility and strengthening program with education on postural awareness." Utilization Review denied the request on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Physical Medicine and Rehabilitation Medicine, Pages 98 and 99.,Postsurgical Treatment Guidelines.

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

Decision rationale: This patient presents with a flareup of neck pain. The treating physician states in his progress report from 12/12/2013, that patient has not been seen for several months. He presents with an increase in neck pain. The treating physician is recommending physical therapy 2 times per week for 4 weeks for flexibility and strengthening. For physical medicine, the MTUS Guidelines, page 98 and 99, recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. Utilization Review denied the request stating "the claimant has completed 18 physical therapy sessions to date." In this case, review of the medical records indicates the patient is status post cervical surgery 2 years ago. The claimant has completed 18 physical visits to date. The treater is requesting additional physical therapy to address an exacerbation of cervical pain. He notes that the patient has not been treated in "several months." It appears the patient received 18 physical therapy sessions after his cervical surgery and has not received any treatment for some time. The patient presents with exacerbations of symptoms and a short course of 8 sessions may be warranted to address his pain and decrease range of motion. Recommendation is for approval. The request is medically necessary and appropriate.