

Case Number:	CM14-0008779		
Date Assigned:	02/12/2014	Date of Injury:	06/09/2008
Decision Date:	07/11/2014	UR Denial Date:	12/23/2013
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:

Patient is a 64-year-old female who has submitted a claim for slight degenerative facet disease, L5-S1, moderate thoracic kyphosis, cervical sprain, small disc herniation, T5-6 and T7-8 associated with an industrial injury date of 6/9/2008. Medical records from 2013 were reviewed which revealed decreased neck pain. She no longer experiences pain in her left upper extremity. Physical examination showed muscle spasm at the cervical spine. Cervical ROM was 10 degrees at extension and 45 degrees to both left and right cervical rotation. Treatment to date has included, 8 physical therapy sessions. Medication taken was Flexeril 10 mg/tab for spasms

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines..

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient already

completed 8 physical therapy sessions dated 11/13/2013. Patient had decreased pain and improved range of motion. Physical therapy as mentioned on progress report dated 11/22/13 was requested to develop a comprehensive home exercise program. However, the request did not specify the body part to be treated. The request is incomplete. Therefore, the request for 8 sessions of physical therapy is not medically necessary.