

Case Number:	CM14-0106972		
Date Assigned:	08/01/2014	Date of Injury:	10/31/2013
Decision Date:	09/25/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 54-year-old male who has submitted a claim for sprain of neck associated with an industrial injury date of October 31, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of persistent neck pain radiating to his mid-back along with headaches. Neck examination revealed normal lordosis, slight spasm in the bilateral paracervical region, slight to moderate tenderness over the bilateral paracervical muscles, flexion at 90 degrees, extension at 80 degrees, right lateral bend at 20 degrees, left lateral bend at 25 degrees and right/left rotation at 70 degrees. Two-point discrimination was less than 5mm in the bilateral upper extremities. Motor strength was noted to be intact in the upper extremities. Spurling's test was negative bilaterally. Treatment to date has included medications and 8 physical therapy sessions. The patient noted approximately 50% relief of his symptoms. Utilization review from June 30, 2014 denied the request for Physical Therapy for the cervical spine, 2 times a week for 5 weeks, QTY: 10 sessions because the requested sessions along the previously concluded 10 sessions would exceed guideline endorsement and there was no noted exceptional factors to warrant additional skilled therapy beyond recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, 2 times a week for 5 weeks, QTY: 10 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Neck and Upper Back, Physical Therapy 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, Physical therapy.

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. According to the ODG, physical therapy for sprain of neck. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. The recommended number of visits was 10 over 8 weeks. In this case, the patient already had 8 visits. There was no PT progress note attached to the provided records and the objective response of the patient in terms of pain reduction and functional improvement from the PT visit was not documented. The 10 additional visits being requested would make the total number of PT visits exceed the guideline recommendations. There is no provided justification of the requirement to exceed the limit provided by the guideline. Therefore, the request for Physical Therapy for the cervical spine, 2 times a week for 5 weeks, QTY: 10 sessions is not medically necessary.