

Case Number:	CM14-0107289		
Date Assigned:	09/12/2014	Date of Injury:	03/04/2014
Decision Date:	10/23/2014	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 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:

The claimant was injured on 03/04/14 while lifting 20-50 pound trays of bread continuously and stocking and stacking them. Additional physical therapy for the cervical spine is under review. It was recommended once a week for 6 weeks. She has diagnoses of cervical sprain and reported right neck pain on 06/02/14. Chiropractic manipulation and physical therapy (PT) weekly for 6 weeks were recommended. She reported neck pain shooting to the right hand. She was diagnosed with cervical sprain with radiculitis. A note reports that electrodiagnostic studies of the upper extremities in April 2014 revealed normal findings. Cervical range of motion was intact. A Physical Medicine and Rehabilitation (PM&R) consultation and treatment were recommended. She was treated in an emergency department for low back pain on 02/23/14. There is no mention of cervical pain. Her neurologic examination was intact. Her neck had normal range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Physical Therapy Sessions for the Cervical Spine (once a week for 6 weeks):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Evidence Based Guidelines (EBM)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment.

Decision rationale: The history and documentation do not objectively support the request for 6 visits of PT for the cervical spine over 6 weeks. The claimant's history of evaluation and treatment for her cervical spine complaints are unclear. The MTUS guidelines state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that he was not involved in a lumbar home exercise program (HEP). There is no clinical information that warrants a course of PT for an extended period of time. There is no evidence that the claimant is unable to complete her rehab with an independent HEP and no indication that supervised exercises are likely to be any more beneficial than independent exercise and self-management of symptoms. The medical necessity of the request for 6 visits of PT for the cervical spine over 6 weeks has not been clearly demonstrated.