

Case Number:	CM14-0010672		
Date Assigned:	02/21/2014	Date of Injury:	01/22/2013
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family Medicine and is licensed to practice in Tennessee, Virginia and 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 injured worker is a 34 year-old female who sustained injury to her low back on 01/22/13. The mechanism of injury was not documented. Physical examination noted normal gait; normal alignment mobility of the head and neck; normal range of motion and strength in the bilateral upper extremities; no cervical adenopathy; cranial nerves two through twelve grossly intact: reflexes two plus and symmetrical with no pathological reflexes; sensory intact to light touch. Treatment to date has included at least 10 aquatic therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, TIMES SIX VISITS, CERVICAL SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT)

Decision rationale: The request for additional physical therapy times six visits for the cervical spine is not medically necessary. The previous request was denied on the basis that treatment to date has already exceeded treatment guidelines without any significant documentation of functional gain. The injured worker is also noted to not have any significant functional deficits to support the medical necessity of an additional six physical therapy visits with range of motion of the cervical spine being unrestricted as well as normal motor and sensory function; therefore, the request was not deemed medically necessary. There was no additional significant clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for additional physical therapy times six visits for the cervical spine has not been established based on Official Disability Guidelines (ODG).