

Case Number:	CM14-0012291		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2007
Decision Date:	05/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 Pain Management, 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 injured worker is a 37-year-old female with a date of injury of 1/18/2007. The patient's industrially related diagnoses include chronic pain syndrome, lumbar sprain and strain, thoracic sprain and strain, displacement intervertebral disc site unspecified without myelopathy. The disputed issues are 10 sessions of physical therapy for the neck region and upper extremities with manual manipulations. The request is to treat muscle tension which leads to limited ROM of neck and trapezius regions. A utilization review determination on 1/15/2014 had noncertified these requests, as the patient has no functional deficits to prevent her from transitioning to self-directed home based exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 10 ON THE NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation non-MTUS: Official Disability Guidelines (ODG), Neck Chapter, Physical Therapy Topics

Decision rationale: The ACOEM recommends "1-2 physical therapy visits for education, counseling, and evaluation of home exercise." The Official Disability Guidelines (ODG) allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. Assessment after a "six-visit clinical trial", other general guidelines that apply to all conditions as followed: for cervicalgia (neck pain) and cervical spondylosis: 9 visits over 8 weeks; sprains and strains of neck: 10 visits over 8 weeks; displacement of cervical intervertebral disc: medical treatment: 10 visits over 8 weeks; degeneration of cervical intervertebral disc: 10-12 visits over 8 weeks, and Brachial neuritis or radiculitis NOS: 12 visits over 10 weeks." In the case of this injured worker, the request for 10 additional sessions of physical therapy for the neck and upper extremities with manual manipulation is documented in a progress note on date of service December 30, 2013. It is noted that simultaneously there are 12 sessions of chiropractic treatment that were requested. There is documentation that prior chiropractic therapy had enabled the patient to sit and stand for 30 additional minutes, turn her neck with less pain, and sleep 2 more hours at night. However, the total number of sessions of physical therapy for the neck was not documented. The functional outcome of prior physical therapy also was not documented. Given this, the request for the 10 physical therapy sessions is recommended for non-certification.