

Case Number:	CM14-0012357		
Date Assigned:	05/14/2014	Date of Injury:	12/08/2013
Decision Date:	11/24/2014	UR Denial Date:	12/31/2013
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 & Rehabilitation, 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:

This 28 year-old police officer developed sudden onset of pain on 12/8/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy for the Cervical Spine, 2 times a week for 16 weeks (32 visits). Diagnoses include cervical strain. Illegible report of 12/18/13 from the provider noted the patient with neck pain, tightness and stiffness; left shoulder pain; and left knee discomfort. There is previous industrial injury involving the low back and Right Achilles s/p Achilles surgery x2 and s/p maxofacial surgery. Medication list Soma. Exam showed cervical spine with straightening, positive spasm and tenderness at left trapezius and rhomboids; pain on flexion and extension range with positive shoulder and no instability noted. The patient was to remain off work until next appointment. Hand-written somewhat illegible follow-up report dated 12/30/14 from the provider noted the patient started PT on 12/26/13; has neck discomfort. Exam showed cervical with positive? Symptoms and tenderness? Traps/rhomboids +compression. Diagnoses of cervical strain rule out HNP. Treatment included MRI of cervical spine and PT 2x6. The patient to remain off work. The request(s) for Physical Therapy for the Cervical Spine, 2 times a week for 16 weeks (32 visits) was modified for 6 visits on 12/30/13 citing guidelines criteria and lack of medical necessity.

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 16 WEEKS (32 VISITS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 8, 174

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

Decision rationale: This 28 year-old police officer developed sudden onset of pain on 12/8/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy for the cervical spine, 2 times a week for 16 weeks (32 visits). Diagnoses include cervical strain. Illegible report of 12/18/13 from the provider noted the patient with neck pain, tightness and stiffness; left shoulder pain; and left knee discomfort. There is previous industrial injury involving the low back and Right Achilles s/p Achilles surgery x2 and s/p maxofacial surgery. Medication list Soma. Exam showed cervical spine with straightening, positive spasm and tenderness at left trapezius and rhomboids; pain on flexion and extension range with positive shoulder and no instability noted. The patient was to remain off work until next appointment. Hand-written somewhat illegible follow-up report dated 12/30/14 from the provider noted the patient started PT on 12/26/13; has neck discomfort. Exam showed cervical with positive? Symptoms and tenderness? Traps/rhomboids +compression. Diagnoses of cervical strain rule out HNP. Treatment included MRI of cervical spine and PT 2x6. The patient to remain off work. The request(s) for Physical Therapy for the cervical spine, 2 times a week for 16 weeks (32 visits) was modified for 6 visits on 12/30/13. The patient was certified for 6 initial PT visits without any new updated reports or information provided regarding functional status and outcome results. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of focal neurological deficits or ADL limitation to support for further PT treatment beyond the initial sessions already rendered. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT nor is there documented functional benefit from treatment rendered. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The Physical Therapy FOR the cervical spine, 2 times a week for 16 weeks (32 visits) is not medically necessary and appropriate.