

Case Number:	CM14-0110999		
Date Assigned:	08/01/2014	Date of Injury:	11/04/2010
Decision Date:	09/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 36-year-old individual was reportedly injured on November 4, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 9, 2014, indicated that there were ongoing complaints of neck and right shoulder pains. The physical examination demonstrated that the injured employee was well dressed, well-nourished, well-developed, and in no apparent distress. No other physical examination findings were reported. Diagnostic imaging studies were not presented. Previous treatment included physical therapy and several medications. A request had been made for physical therapy and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Quantity requested 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the amount of therapy order completed and the number of physical therapy sessions previously certified, the standard is to transition to home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and maximum cervical spine range of motion. Therefore, based on the clinical data presented for review and noting the amount of sessions completed, this is not medically necessary.