

Case Number:	CM14-0111549		
Date Assigned:	08/01/2014	Date of Injury:	04/10/2001
Decision Date:	10/07/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year old male whose date of injury is 04/10/2001. The mechanism of injury is not described. Treatment to date includes physical therapy, medication management and chiropractic. Progress report dated 05/04/14 indicates that the injured worker complains of neck, shoulder and back pain. He would like to have chiropractic and massage as it helped ease his pain. Diagnoses are cervical sprain with radiculopathy, chest contusion, and possible chronic pericarditis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on the clinical information provided, the request for physical therapy, cervical is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. There is no information provided regarding physical therapy completed to date including the

number of visits completed and the injured worker's objective functional response to physical therapy. Therefore, medical necessity of the requested physical therapy for the cervical spine is not established in accordance with the Official Disability Guidelines.