

Case Number:	CM14-0118134		
Date Assigned:	08/06/2014	Date of Injury:	09/17/2012
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 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:

This is a patient with a date of injury of September 17, 2012. A utilization review determination dated July 10, 2014 recommends non-certification of physical therapy for the cervical spine. Modification was recommended to allow 5 physical therapy visits. The request was modified to allow an initial trial of physical therapy. A case management report dated June 27, 2014 identifies the patient's diagnoses of post-concussion syndrome, headaches, cognitive disorder, and adjustment disorder with mixed emotional features. The summary of present status indicates that the patient has seen an orthopedic surgeon who ordered therapy for the right side of his body as well as his left ankle. His neurologist also recommended a balance test. A progress report dated June 5, 2014 includes subjective complaints of cervical pain, wrist pain, and ankle pain. The ankle pain feels like crackling with movement and causes a limp. Physical examination reveals swelling over the left ankle. Diagnoses include right hand sprain, cervical sprain/strain, right ankle sprain, and history of left lower extremity DVT. The treatment plan recommends physical therapy twice a week for 6 weeks for the right-hand and wrist, bilateral ankles, and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for cervical only QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Improvement Page(s): 98-99; 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication that the patient has undergone physical therapy for this body part previously. Additionally, there is no documentation that the patient has undergone a trial of physical therapy for this body part. Guidelines recommend an initial trial of 6 clinical visits to identify whether physical therapy provides any objective functional improvement. The currently requested 12 sessions exceeds the number recommended by guidelines for an initial trial. The initial utilization review modified the request to allow an initial trial to take place. Unfortunately, there is no provision to modify the current request. As such, the current request for physical therapy for the cervical spine #12 is not medically necessary.