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| Case Number: | CM14-0127584 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 11/22/2013 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 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 42-year-old man who injured his neck, upper back and right shoulder on 11/22/2013. The injured worker has been treated with physical therapy, chiropractic, acupuncture and medications. Physical exam was significant for some stiffness about the cervical spine, positive right sided Spurling's maneuver and tenderness to palpation about the C5, C6 and C7 paravertebral muscles. X-rays of the cervical spine were significant for mild degenerative disc disease and loss of normal cervical lordosis. MRI of the cervical spine demonstrated disc degeneration at C3-4 and C4-5 without central or foraminal stenosis. Diagnoses are shoulder strain/sprain, cervical strain, and cervical radiculopathy. Physical therapy was denied because there was no evidence of improvement in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine #8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC: Physical therapy guidelines.

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

Decision rationale: The progress notes from the primary treating physician and orthopedist both state the patient is improving. Additional physical therapy is being requested for increased range of motion and strength. Most notably, the patient continues to work full duty. The goal of therapy is to avoid the use of cervical epidural. These are sufficient goals and evidence of functional improvement to justify physical therapy. The request is within MTUS guidelines. Therefore, the request for physical therapy to the cervical spine #8 is medically necessary and appropriate.