

Case Number:	CM14-0157024		
Date Assigned:	09/29/2014	Date of Injury:	01/09/2012
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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 patient is a 47 year old male who developed persistent cervical pain subsequent to a motor vehicle accident on 11/9/12. He has been diagnosed with a left C6 radiculopathy with the clinical findings correlating with MRI findings. Surgery has been recommended, but was initially denied and there does not appear to be an active pursuit of surgery at this point in time. He continues to work, but has to take a few days off during flare-ups. He had physical therapy about 6 months ago which provided temporary relief and this patient was able to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x 6 C/S: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: MTUS Guidelines recommend up to 8-10 sessions of physical therapy for most chronic conditions including neuritis. The Guideline goal of therapy is to develop an independent follow up program and to support functional improvements. This patient has had prior physical therapy, but it is clearly documented that the judicious use of therapy for flare-ups

has resulted in functional support. Even though the request somewhat exceeds generally recommended amounts of therapy, the therapy is short term and supportive of continued function as evidenced by continued working. Under these circumstances, the requested 6 sessions of therapy is consistent with the general tenor of the Guidelines and is medically necessary.