MAXIMUS Federal Services

Case Number:	CM14-0157914		
Date Assigned:	10/01/2014	Date of Injury:	11/27/2013
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 Colorado. 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 51 year old male who was injured on 11/27/2013. He underwent an anterior cruciate ligament replacement on 5/12/14. Two days after surgery he woke up in an odd position and had trouble breathing. He was diagnosed with a deep vein thrombosis (DVT) on 5/25/2014 in his left calf and sustained a pulmonary embolism. He presented to the emergency room (ER) on 6/10/14 with complaints of right arm pain and neck pain and was scheduled for a magnetic resonance imaging (MRI). Neck and neurological exam was normal. The magnetic resonance imaging (MRI) was reported was reported with degenerative changes. He was seen 6/13/14 with complaints of neck and right upper extremity pain. An examination of the neck reported tenderness along the right trapezius and levator scapulae with range of motion of 60 degrees. Diagnosis is status post anterior cruciate ligament (ACL) repair, deep vein thrombosis (DVT) with pulmonary embolus and cervical degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy cervical 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Back Procedure Summary last updated 8/4/14

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

Decision rationale: Physiotherapy cervical 8 sessions is not medically necessary. The requested treatment is not medically necessary because there is no diagnosis of a cervical injury occurring. The clinical findings reported are normal on initial neck evaluation and subsequently with minimal findings of tenderness. There are no findings of functional limitations. The medical treatment guidelines not that treatment should be directed based on diagnosis with objective findings to improve overall function. Thus, in that there was no injury that was sustained or diagnosed and in that there were minimal findings with no functional limitations.