

Case Number:	CM14-0184247		
Date Assigned:	11/12/2014	Date of Injury:	02/23/2007
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 Preventive 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:

According to the records made available for review, this is a 60-year-old male with a 2/23/07 date of injury. At the time (10/7/14) of Decision for Physical Therapy to The Cervical Spine, there is documentation of subjective (neck pain) and objective (tenderness to palpitation over the paraspinal muscles of the cervical spine, paraspinal muscles spasm, and restricted range of motion) findings, current diagnoses (status post cervical surgery times 2 with residuals), and treatment to date (medications). Medical reports identify a request Physical Therapy to The Cervical Spine 2 times/week for 6 weeks.

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 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with

allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of status post cervical surgery times 2 with residuals. Given documentation of subjective (neck pain) and objective (tenderness to palpitation over the paraspinal muscles of the cervical spine, paraspinal muscles spasm, and restricted range of motion) findings, there is documentation of functional deficits and functional goals. However, the requested Physical therapy to the cervical spine 2 times a week for 6 weeks exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Physical therapy to the cervical spine is not medically necessary.