

Case Number:	CM14-0184636		
Date Assigned:	11/12/2014	Date of Injury:	02/13/2001
Decision Date:	12/30/2014	UR Denial Date:	10/06/2014
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 California, has a subspecialty in and is licensed to practice in Occupational Medicine. 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:

Patient is a 70 year-old male with date of injury 02/13/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/03/2014, lists subjective complaints as pain in the neck with intermittent radiculopathy to the left upper extremity. Objective findings: Examination revealed muscle weakness in pretty much all muscle groups globally in the upper extremities. Spurling's sign was negative and patient's reflexes were within normal limits in the bilateral lower extremities. No other physical examination findings were documented by the provider. Diagnosis: 1. Cervicalgia with cervical radiculopathy. Patient has completed 12 sessions of physical therapy for the neck and left shoulder to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks, total of 12 visits to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical Therapy 2 times a week for 6 weeks, total of 12 visits to the cervical spine is not medically necessary.