

Case Number:	CM14-0022754		
Date Assigned:	06/11/2014	Date of Injury:	10/16/2008
Decision Date:	08/04/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This is a 29-year-old gentleman date of injury of 10/16/08. Mechanism of injury was moving a large sliding glass door at work, causing pain at the neck and shoulders. The patient had conservative care, including 20 sessions of PT and 10 sessions of chiro. MRi was done on 3/25/13, showing a herniated disc at C6-7 and a bulging disc with annular tear at C5-6. She was seen by an AME on 11/22/13, with diagnoses clarified as cervical strain and bilateral CTS. The AME deemed the patient Permanent and Stationary as of 11/22/13. Future medical recommendations include a self-directed home exercise program, occasional and brief courses of PT for flares and NSAIDS for flares. The patient returns in follow-up on 1/09/14 with no change and no report of flare up. The patient reports that despite extensive treatment to date, her symptoms have been unchanged since the injury. This was submitted to Utilization Review for consideration of additional PT, and an adverse determination was rendered on 2/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) 2X6 FOR CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, , 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical therapy (PT).

Decision rationale: ACOEM Guidelines is non-specific with regards to PT duration recommendations, but do state that 1-2 sessions of PT for education/instruction/counseling and evaluation of home exercises is recommended. ODG recommends 10-12 sessions of PT for this diagnosis. The CA MTUS recommends 9-10 sessions of PT for myalgia. This patient has far exceeded that, having completed 30 sessions of therapy, 20 by a physical therapist and 10 by a chiropractor. The patient was recently made P & S by an AME in November of 2013. She does have future medical provision, but only for brief courses of therapy for flares. In this case, she has had documentation of a flare up, and there is no indication for further skilled therapy at this time. The request is not medically necessary.