

Case Number:	CM14-0025071		
Date Assigned:	06/11/2014	Date of Injury:	08/20/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological Surgery 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:

The injured worker is a 58 year-old female injured on August 20, 2013. The mechanism of injury is noted as an altercation with a student. The progress note, dated September 4, 2013 reported some improvement in the overall condition but slower than expected. At that time, the note indicates that there are ongoing complaints of neck and mid back pain. The pain level was noted to be 9/10. The physical examination demonstrated a slight decrease in range of motion, tenderness to palpation. Diagnostic imaging studies objectified straightening of the cervical spine, degenerative disk desiccation at C3-C4 cervical spondylosis, and degenerative disc disease. Previous treatment includes multiple medications, multiple sessions of physical therapy, a functional capacity evaluation, and trigger point injections in March, 2014. A request had been made for physical therapy and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: When noting the date of injury, the injury sustained, the findings identified in the most recent physical examination presented for review; given that this individual is neurologically intact and the marked degenerative changes noted on MRI, there is little clinical indication presented to support additional active physical therapy at this time. When noting the therapy already completed, transition to home exercise protocol is all that would be supported by Chronic Pain Medical Treatment Guidelines at this time. As such, this request is not medically necessary.