

Case Number:	CM14-0027709		
Date Assigned:	06/16/2014	Date of Injury:	01/27/2012
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

The patient is a 55 year old male who was injured on 01/27/2012. He sustained a neck injury when he was struck from behind while in his car. He reported he has neck pain. Prior medication history included Tylenol, Prilosec, muscle relaxer, Anaprox, and NorFlex. He has been treated conservatively with physical therapy to the shoulder and neck. Diagnostic studies reviewed include magnetic resonance imaging (MRI) of the cervical spine without contrast dated 05/23/2013 revealed disc bulges/protrusions mid cervical spine measuring 1-2 mm. Progress report dated 02/06/2014 indicated the patient's back is not getting better. He rated his pain level as an 8/10. Objective findings on exam revealed tenderness of the cervical spine with spasm. Range of motion exhibits flexion to 30; extension to 10; lateral flexion to 10; rotations to the left. There is also SI joint tenderness. Diagnosis is sprain/strain of the neck. The treatment and plan included physical therapy twice a week for 4 weeks, Tylenol #3, and Norflex. Prior utilization review dated 02/14/2014 states the request for eight 8 additional physical therapy sessions for cervical and lumbar spine is denied as it has not been determined medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ADDITIONAL PHYSICAL THERAPY SESSIONS FOR CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Physical Medicine is recommended as a modality of treatment to reduce the swelling, decreasing pain, and improving range of motion, Allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical therapy. The medical records document the patient has neck pain and received unknown number of sessions of PT. However, there is no documentation of any subjective / objective improvement of pain and function with prior treatments. Accordingly, the requested additional Physical Therapy for the cervical spine is not medically necessary. Additionally, physical therapy for lumbar spine is not certified due to limited clinical information to demonstrate the medical necessity.