

Case Number:	CM14-0034278		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2011
Decision Date:	08/05/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 has a subspecialty in Pain Management 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 patient with a date of injury of January 10, 2011. A utilization review determination dated March 11, 2014 recommends noncertification for physical therapy of the cervical spine. Noncertification is recommended due to minimal objective examination findings as well as documentation of the patient has received at least 24 sessions of physical therapy for the cervical spine previously. A progress report dated March 25, 2014 identifies subjective complaints of cervical pain with stiffness, and discomfort particularly with rotational activities. Physical examination findings identify slight tenderness in the posterior cervical musculature with full range of motion. Neurologic examination is normal. Diagnoses include cervical myofascial pain with degenerative disc disease. The treatment plan indicates that the patient has reached maximum medical improvement. Future medical care indicates that the patient may from time to time require additional physical therapy. An AME dated December 13, 2012 indicates that the patient has received numerous sessions of physical therapy throughout her course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 9 sessions for the Cervical Spine QTY: 9.00: Upheld

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

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

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many prior sessions of PT have been provided. There is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.