

Case Number:	CM14-0038284		
Date Assigned:	06/25/2014	Date of Injury:	03/27/2012
Decision Date:	08/11/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 injured worker is a 56-year-old female who reported an injury on 03/27/2012. The mechanism of injury was not provided. Prior treatments included an epidural steroid injection and 12 physical therapy sessions. The documentation of 01/16/2014 revealed the injured worker had reported recently increased symptoms in her neck and spine areas. These symptoms caused severe headaches. It was indicated the injured worker would like to get acupuncture and chiropractic treatments or some other type of therapies that help. The physical examination revealed muscles were guarded and there was tenderness along the cervical protuberance. The injured worker had multiple trigger points of discomfort of the trapezius musculature. It was noted to be tender and irritable on examination as well as palpation. The physician opined the tissues were likely to be chronically irritated. The diagnoses included persistent cervical myofascial strain/sprain with functional loss and a contribution to tension type headaches. The treatment plan included a continuation of a home exercise program, go to the gym, and use weights. The request was made for physical therapy 9 visits for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 3Wks Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck and Upper Back (Acute & Chronic) Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone 12 sessions of physical therapy. There was a lack of documentation of objective functional benefit. There was a lack of documentation of remaining functional deficits to support the necessity for continued therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for physical therapy 3 times a week x 3 weeks is not medically necessary and appropriate.