

Case Number:	CM14-0038318		
Date Assigned:	06/25/2014	Date of Injury:	09/09/2013
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Medicine 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 37-year-old female who sustained a remote industrial injury on 09/09/13 diagnosed with a head injury, a contusion of the upper arm, lumbosacral joint strain, cervical strain, and thoracic strain. Mechanism of injury occurred when a sandwich board fell off an overhead shelf, hitting the patient's head and injuring her neck and back. The request for Physical therapy twice a week for three weeks for the neck and left shoulder was non-certified at utilization review due to the patient completing 16 sessions of physical therapy without quantifying functional improvement or delineating functional deficits that could not be managed in a home exercise program. The most recent progress note provided is 05/21/14. Patient complains primarily of neck, upper back, and low back pain described as constant and sharp. Physical exam findings are unremarkable. It appears the patient is not taking any medication. Provided documents include several previous progress reports, requests for authorizations, and daily physical therapy notes. A letter of appeal written by the patient, dated 03/25/14, requests more chiropractic sessions and specifies that additional physical therapy sessions are not necessary. It is noted in a previous progress report that the patient has completed 16 sessions of physical therapy. The most recent physical therapy note highlights that the patient has experienced increased functional exercise tolerance. The patient's previous treatments include physical therapy, acupuncture, chiropractic, massage therapy, and medications. Imaging studies provided include an MRI of the cervical spine, performed on 12/06/13, which reveals mild multilevel spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for three weeks for the neck and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical therapy guidelines -cervicalgia (neck pain): Cervical spondylosis; Sprains and strains of neck shoulder (Acute & Chronic) , Sprained shoulder; rotator cuff.

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

Decision rationale: According to the MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, provided documentation notes that the patient has participated in 16 physical therapy sessions in the past with functional improvement. However, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Furthermore, the patient notes in an appeal letter that additional physical therapy sessions are not necessary, indicating a lack of motivation for treatment. Therefore, the request for Physical therapy twice a week for three weeks for the neck and left shoulder is not medically necessary and appropriate.