

Case Number:	CM14-0042553		
Date Assigned:	08/29/2014	Date of Injury:	11/17/2005
Decision Date:	10/07/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family 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 injured worker is a 56 year old male whose date of injury is 11/17/2005. Progress report dated 01/02/14 indicates that the injured worker complains of right neck pain. The injured worker is currently working was documented. Diagnoses are right cervical strain, flare; cervical spondylosis; medial epicondylitis; and left carpal and cubital tunnel syndromes. The injured worker underwent trigger point injections on this date. The most recent documentation submitted for review is a handwritten note dated 03/07/14. The injured worker has completed six physical therapy visits. The injured worker states that he is getting relief from pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical Pain, Qty. 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Evidence citations for.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical therapy

Decision rationale: Based on the clinical information provided, the request for physical therapy for cervical pain quantity six is not recommended as medically necessary. There is insufficient

clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response there to submitted for review, no current detailed physical examination submitted for review and no specific, time limited treatment goals are provided. The injured worker should be well versed in a home exercise program at this time. Therefore, medical necessity of the requested physical therapy is not established in accordance with the Official Disability Guidelines.