

Case Number:	CM14-0057146		
Date Assigned:	07/09/2014	Date of Injury:	03/21/2013
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 45-year-old female with date of injury of 03/21/2013. The listed diagnoses per [REDACTED] dated 03/25/2014 are 1. Cephalgia-complains of head trauma, on anticoagulant Coumadin for pulmonary embolism; 2. Cervical spine strain/sprain, herniated disk C6-C7, C7-T1 with radiculitis/radiculopathy; 3. History of pulmonary embolism secondary to left knee surgery for removal of hardware; 4. Status post left knee ACL (Anterior Cruciate Ligament) reconstruction, hardware removal. According to this report, the patient continues to complain of cervical spine pain and headaches. She is doing home exercises and also undergoing formal physical therapy. She has completed 10 out of 12 sessions of physical therapy. She is also undergoing acupuncture treatment, which is helping to relieve the pain and symptoms. The objective findings show cervical spine forward flexion is 40 degrees, extension is 50 degrees, rotation is 55 degrees on the right and 50 degrees on the left, bending is 25 degrees bilaterally. There are paraspinal tenderness and paraspinal spasms noted. There is positive Spurling's and foraminal compression test. No other findings were documented in this report. The utilization review denied the request on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: This patient presents with cervical pain and headaches. The treater is requesting 12 physical therapy sessions for the cervical spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia-type symptoms. The records do not show any recent physical therapy reports to verify how many treatments were received and with what results. The progress report dated 03/25/2014 documents that the patient completed 10 out of 12 sessions of physical therapy and is reporting relief from pain and symptoms. The patient was also performing her home exercises. In this case, the requested 12 sessions in addition to the 12 sessions that the patient received would exceed MTUS recommendations. The patient should be able to continue with her home exercise program to improve strength and decrease pain. Therefore, the request for Physical therapy for the cervical spine, 2 times per week for 6 weeks is not medically necessary and appropriate.