

Case Number:	CM14-0064374		
Date Assigned:	07/11/2014	Date of Injury:	04/09/2008
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records presented for review indicate that this 59 year-old male was reportedly injured on 4/9/2008. The mechanism of injury is noted as a fall on his head. The most recent progress note dated 4/7/2014, indicates that there are ongoing complaints of neck pain with radiation to left arm. The physical examination demonstrated limited cervical range of motion; decreased sensation in C4-C6 dermatomes of left upper extremity. No recent diagnostic imaging studies available. Diagnosis includes head concussion and cervical radiculopathy. Previous treatment includes epidural steroid injections, Toradol injections, physical therapy, home exercise program and medications to include Pennsaid and Butrans Patch. A request had been made for 6 physical therapy visits and was not certified in the pre-authorization process on 4/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 1-2.

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

Decision rationale: MTUS Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has chronic cervical radiculopathy since a work-related fall in April 2008. Review of the available medical records documents a previous referral to physical therapy in 2009, but fails to document how many sessions he attended and/or any improvement in pain or function with the therapy. In the absence of clinical documentation to support additional visits and new referral, this request for 6 Physical Therapy Visits is not medically necessary.