

Case Number:	CM14-0066008		
Date Assigned:	07/09/2014	Date of Injury:	11/03/2010
Decision Date:	09/10/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation, 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 38 year old male with an injury date on 10/03/2010. Based on the 03/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Mild, central posterior disc protrusion, cervical spine, C3/C4 and C4/C5. 2. Mild, posterior disc bulges at C5/C6 with no significant spinal canal or neutral foraminal stenosis. 3. Mild, anterior spinal cord indentation, cervical spine, C3/C4 and C4/C5. According to this report, the patient complains of neck pain that is at a 1-2/10. The patient has full range of motion with pain at end range. Tenderness is noted at the suboccipital region and the mid cervical region, bilaterally. Per physical therapy report dated 03/21/2014, the patient "continued improvement with functional mobility and pain management." There were no other significant findings noted on this report. The utilization review denied the request on 04/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/22/2013 to 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Exercises: Upheld

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

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

Decision rationale: According to the 03/25/2014 report by [REDACTED] this patient presents with neck pain that is at a 1-2/10. The current request is for therapeutic exercise (unknown frequency). The treating physician's report and request for authorization containing the request is not included in the file." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient completed 10 sessions of physical therapy on 03/21/2014. The therapy reports states that the patient is improving. The treating physician, however, does not provide any discussion regarding what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. The patient already had 12 therapy sessions and additional sessions would exceed what is allowed per MTUS. Given the above the request is not medically necessary.