

Case Number:	CM14-0070865		
Date Assigned:	07/14/2014	Date of Injury:	01/28/2013
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 & Rehabilitations 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 injured worker is a 55-year-old gentleman who was reportedly injured on January 28, 2013. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note dated July 9, 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated tenderness along the cervical paraspinal muscles. There was slightly decreased cervical spine range of motion and a normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine, dated March 8, 2013, revealed degenerative disc disease from C4 through C7 and an upper extremity nerve conduction study was normal. Previous treatment included right shoulder surgery, chiropractic care and cervical traction. A request was made for physical therapy twice week for three weeks with traction and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for 3 weeks with traction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline work loss.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the medical record, the injured employee has already been treated with cervical spine traction. Considering this, it is unclear why there is an additional request for cervical traction to be performed with physical therapy. Considering this, the request for physical therapy two times a week for three weeks with cervical traction is not medically necessary.