

Case Number:	CM14-0075616		
Date Assigned:	07/16/2014	Date of Injury:	01/30/2014
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 61-year-old employee with date of injury of 1/30/2014. Medical records indicate the patient is undergoing treatment for sprain of neck, cervical spine myoligamentous injury and degenerative disc disease at C5-6. Subjective complaints include neck and shoulder pain. Objective findings include mild scoliosis at C5/6; no central spinal canal or neural foraminal stenosis and at C3-4, there is broad based bulging of the disk osteophyte complex with impingement upon the cervical cord. Treatment has consisted of physical therapy. The utilization review determination was rendered on 4/28/2014 recommending non-certification of outpatient additional physical therapy (PT) to the cervical spine for eight (8) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy (PT) to the cervical spine for eight (8) sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The California MTUS guidelines refer to physical medicine guidelines recommend as follows: Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis; unspecified 8-10 visits over 4 weeks reflex sympathetic dystrophy (CRPS):24 visits over 16 weeks. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The treating physician has not provided documentation of functional improvement. As such, the request for outpatient additional physical therapy (PT) to the cervical spine for eight (8) sessions is not medically necessary.