

Case Number:	CM14-0080960		
Date Assigned:	07/18/2014	Date of Injury:	12/20/2010
Decision Date:	08/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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, 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 33-year-old female with date of injury of 10/20/2010. The listed diagnoses per [REDACTED] dated 01/03/2014 are: 1. Cervical strain, herniated nucleus pulposus. 2. Lumbar strain. 3. Odontoid nonunion, hypoplasia at C1-C2.4. History of facial trauma, assault in 2009. According to this report, the patient complains of pain in the neck with radicular symptoms into the arms. She also complains of low back pain with radicular symptoms into the legs. The objective findings show cervical spine range of motion is 50 degrees on flexion, 60 degrees on extension, 65 degrees on rotation to the right, and 65 degrees on the left. There is tightness in the cervical paraspinal musculature. Lumbar spine range of motion is diminished. The utilization review denied the request on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of Physical Therapy - Unspecified body part: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Neck & Upper Back, Physical Therapy.

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

Decision rationale: This patient presents with neck and low back pain. The treater is requesting 12 sessions of physical therapy. 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 or prior physical therapy reports but the patient appears to have had some therapy in 2012. The treater does not discuss treatment history and does not mention what specific functional deficits to be addressed currently. Given that the patient does not appear to have had a recent course of therapy, a short course may be warranted but the request for 12 sessions exceeds what is allowed by MTUS for this type of condition. Recommendation is for denial.