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| Case Number: | CM14-0087545 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 10/01/2012 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 33-year-old male was reportedly injured on 10/1/2012. The mechanism of injury occurred when the patient sat in a broken chair. The most recent progress note, dated 5/29/2014, indicated that there were ongoing complaints of neck pain that radiated into the right shoulder. The physical examination demonstrated cervical spine positive tenderness to palpation and muscle spasm on the right trapezius muscle and the left trapezius as well as scapular. Pain was with range of motion of the cervical spine. Pain is localized in the mid lower right cervical facet joints. Right sided Spurling's maneuver caused discomfort radiating towards the right shoulder. Light touch sensation and motor strength were intact. No recent diagnostic studies were available for review. Previous treatment included physical therapy, acupuncture, chiropractic care, ergonomic evaluation, and medication. A request had been made for physical therapy and was not certified in the pre-authorization process on 6/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) 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 spine complaints and review of the available medical records stated the patient had completed physical therapy. Most recent documentation stated the patient responded well to traction and physical therapy. At this point in time, there was no extenuating circumstances that necessitate continued physical therapy. Also, the treating physician has failed to request a specific number of physical therapy visits. Therefore, this request is deemed not medically necessary.