

Case Number:	CM14-0189955		
Date Assigned:	11/21/2014	Date of Injury:	03/28/2014
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/13/2014

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, 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:

This 53 year-old patient sustained an injury on 3/28/14 while employed by [REDACTED]. While taking out the trash, a dumpster lid caught the wind and struck her on the head. Request(s) under consideration include PT x 8 for the cervical spine and dizziness, to include traction. Diagnoses include cervicgia/ cervical sprain/strain post-concussion syndrome. MRI of the cervical spine dated 7/3/14 showed very small left paracentral disc bulge at C6-7; there was no evidence of central canal or neural foramina narrowing or stenosis; no spinal cord or nerve root impingement evident. Conservative care has included medications, physical therapy, and modified activities/rest. The patient continues to treat for chronic pain symptoms. Report of 10/7/14 from the provider noted patient with neck pain; she continued to undergo physical therapy having completed at least 14 sessions. The patient also had instructed the therapist to discontinue treatment which stopped her dizziness. She has been instructed in a home exercise program and uses meclizine for occasional dizziness. Exam showed tenderness at cervical spine; full range of cervical spine; 5/5 motor strength with 2+ carotid pulse. The request(s) for PT x8 for the cervical spine and dizziness, to include traction was non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) x 8 for the cervical spine and dizziness to include traction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This 53 year-old patient sustained an injury on 3/28/14 while employed by [REDACTED]. While taking out the trash, a dumpster lid caught the wind and struck her on the head. Request(s) under consideration include PT x 8 for the cervical spine and dizziness, to include traction. Diagnoses include cervicgia/ cervical sprain/strain post-concussion syndrome. MRI of the cervical spine dated 7/3/14 showed very small left paracentral disc bulge at C6-7; there was no evidence of central canal or neural foramina narrowing or stenosis; no spinal cord or nerve root impingement evident. Conservative care has included medications, physical therapy, and modified activities/rest. The patient continues to treat for chronic pain symptoms. Report of 10/7/14 from the provider noted patient with neck pain; she continued to undergo physical therapy having completed at least 14 sessions. The patient also had instructed the therapist to discontinue treatment which stopped her dizziness. She has been instructed in a home exercise program and uses meclizine for occasional dizziness. Exam showed tenderness at cervical spine; full range of cervical spine; 5/5 motor strength with 2+ carotid pulse. The request(s) for PT x 8 for the cervical spine and dizziness, to include traction was non-certified on 10/24/14. The patient does not exhibit any radicular symptoms or neurological deficits with full range and intact motor strength. MRI of the cervical spine does not reveal any central canal, neural foraminal stenosis or nerve impingement to support the use of cervical traction. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, the PT treatment already rendered indicated the patient has full range of motion with intact neurological exam and has been instructed in a home exercise program. Review of submitted physician reports show no evidence of functional deficit, unchanged chronic symptom complaints with intact clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without further indication for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy without clear musculoskeletal or neurological deficits. The Physical Therapy x 8 for the cervical spine and dizziness, to include traction is not medically necessary and appropriate.