

Case Number:	CM14-0193247		
Date Assigned:	12/01/2014	Date of Injury:	07/31/2001
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine 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 57 year-old male with date of injury 07/31/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as pain in the left shoulder, neck and right knee. Patient is status post cervical fusion of C6-7 on 04/18/2014. Objective findings: Examination of the cervical spine revealed tenderness to palpation and spasm. Range of motion was painful and decreased. Radiculopathy was present on the left at C5-6. Decreased sensation on left C6. Pain across C6 distribution. Diagnosis: 1. Status post cervical fusion of C6-7; 2. Cervical radiculopathy; 3. Left shoulder impingement; 4. Right knee internal derangement. Patient has completed at least 8 sessions of post-operative physical therapy for the cervical spine to date. Original reviewer modified physical therapy request from 12 sessions to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Neck 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. A previous utilization review decision provided the patient with sufficient quantity of visits to demonstrate improvement. There is no documentation of objective functional improvement. Therefore, the request is not medically necessary.