

Case Number:	CM14-0194668		
Date Assigned:	12/02/2014	Date of Injury:	10/08/2013
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Practice, 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 51 yr. old male sustained a work injury on 10/8/13 involving the neck, wrists and shoulder. He was diagnosed with cervical strain, right AC joint arthritic changes and wrist contusion. He had undergone 6 sessions of physical therapy. A progress note on 9/29/14 indicated the claimant had 8/10 pain. He had been on Ultram and Anaprox. Exam findings were notable for paracervical muscles spasms, decreased range of motion of the cervical spine and right shoulder. The physician requested an additional 8 sessions of physical therapy for the neck, shoulder and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Physical Therapy of Cervical Spine 2 Times A Week for 4 Weeks As An Outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks In this case, there was no indication that the claimant was not able to perform in a home exercise program. The amount of therapy requested exceeds the amount recommended by the guidelines since the claimant had already completed 6 sessions. The request for Physical Therapy is not medically necessary.