

Case Number:	CM14-0202768		
Date Assigned:	12/15/2014	Date of Injury:	11/10/2012
Decision Date:	02/06/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 injured worker is a man with a date of injury of 11/10/12. He was seen by his primary treating physician on 10/9/14 with complaints of continued neck pain radiating to his upper extremity and muscle spasms. This is a brief, handwritten note. His exam showed cervical spine flexion to 25 degrees and extension to 10 degrees and lateral bend to 20 degrees. He had spasms present. His diagnoses were C5-6 3.6mm disc bulge. The plan included continuing home exercising and physical therapy which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks: Upheld

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

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, it appears that physical therapy has already been used as a modality as a self-directed home exercise program is already in place. The records do not specify therapeutic goals

for physical therapy in addition to the home exercise plan. The records do not support the medical necessity for the requested Physical Therapy.