

Case Number:	CM14-0203993		
Date Assigned:	12/16/2014	Date of Injury:	06/16/2012
Decision Date:	02/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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 injured worker (IW) is a 43-year-old man with a date of injury of June 16, 2012. The mechanism of injury occurred during his usual job as a [REDACTED] driver. He was assaulted by someone who came onto the bus. There was a blow to the temple on the right side. He does believe there was loss of consciousness. The injured worker's working diagnoses are tinnitus ear, unspecified; cervicgia, neck pain; depression, major-not specified; and cervical sprain/strain, neck. Pursuant to the handwritten progress report dated November 13, 2014, the IW reports increased neck pain, headache, and continued ringing in the ears. He denies receiving hearing aids recommended by the ENT. On physical examination, there is tenderness to palpation of the cervical and bilateral (illegible). No other physical findings were documented. The treating physician is recommending physical therapy X 6 sessions for the cervical spine. According to a QME dated August 22, 2014, following the injury in June of 2012, the IW was treated conservatively including a neurological evaluation, chiropractic care, acupuncture, physical therapy (PT) and medications. His symptoms improved with time and conservative management. As of August 11, 2014, the IW has returned to work, continues to take medications, uses a TENS and applies topical creams. The current request is for physical therapy, twice a week to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Twice Weekly, Cervical Spine Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for three weeks to the cervical spine (six sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or a negative direction (prior to continuing with physical server). The frequency and duration of physical therapy sessions are enumerated in the Official Disability Guidelines according to injury sustained. In this case, the injured worker's working diagnoses, pursuant to a largely illegible November 13, 2014 progress note, are tinnitus ear, unspecified; Cervicalgia/neck pain; depression, major, not specified; and cervical sprain/strain, neck. The subjective complaints state increased neck pain and headache with continued ringing in the ears. The physical examination is a three line handwritten entry that states, in part, tender to palpation cervical spine and bilateral pain (?). The progress note does not provide a clinical indication or clinical rationale for physical therapy. Further review of the medical record showed an August 22, 2014 Qualified Medical Examination (QME). The reviewing physician indicated chiropractic treatment, acupuncture, physical therapy and medications were used to treat the injured worker. There is no discussion or documentation as to number of physical therapy sessions, number of acupuncture sessions or number of chiropractic sessions. Consequently, absent the clinical documentation with prior physical therapy, the areas treated, the present clinical indications/rationale for the physical therapy cervical spine request, physical therapy two times per week for three weeks to the cervical spine (six sessions) is not medically necessary.