

Case Number:	CM14-0206729		
Date Assigned:	01/30/2015	Date of Injury:	07/18/2013
Decision Date:	02/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old male sustained a work related injury on 7/18/2013. The mechanism of injury was not described. The current diagnoses are cervicgia with right upper extremity radiculopathy, cervical degenerative disc disease, lumbago, and lumbar degenerative disc disease. According to the progress report dated 11/17/2014, the injured workers chief complaints were neck pain. The physical examination of the cervical spine revealed mild tenderness and spasm diffusely from the occiput to the base extending to the right and left paravertebral and trapezius musculature. Cervical flexion brings the chin to within two fingerbreadths of the sternum, extension is 20 degrees, right and left lateral rotation is 30 degrees, right and left lateral tilt 15 degrees with neck pain at each limit. Current medications are Norco. On this date, the treating physician prescribed 12 physical therapy sessions to the cervical spine, which is now under review. When physical therapy was prescribed work status was modified. On 12/4/2014, Utilization Review had non-certified a prescription for 12 physical therapy sessions to the cervical spine. The physical therapy was non-certified based on no documentation noting if the injured worker has attended previous physical therapy, or how many sessions, with quantified functional improvement. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 weeks cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 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. According to the ACOEM guidelines, Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, there is no indication that the claimant is unable to transition to a home based exercise after initial education on therapy. It is unknown whether the claimant has completed prior therapy since the injury in 2013. The request also exceeds the amount of sessions recommended by the guidelines and is not medically necessary.