

Case Number:	CM14-0060029		
Date Assigned:	06/20/2014	Date of Injury:	03/24/2011
Decision Date:	04/03/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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:

The injured worker is a 40 year old male, who sustained an industrial injury on March 24, 2011. He has reported a slip and fall injury. The diagnoses have included neck sprain. Treatment to date has included 12 completed physical therapy visits. Currently, the IW complains of neck pain with numbness and tingling in both arms. He is noted to have trapezius tightness, cervical tenderness, tenderness to the right scapula, full cervical spine range of motion. He reports improvement with physical therapy. On March 3, 2014, Utilization Review authorized #3 (1 time weekly for 3 weeks) visits of physical therapy for the cervical spine. The MTUS and ODG guidelines were cited. On March 13, 2014, the injured worker submitted an application for IMR for review of physical therapy for the cervical spine, #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine for nine visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Passive Therapy; Chapter: Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Sprains and strains of Neck (ICD9 847.0).

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-Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. In this case, the claimant already completed 12 sessions of therapy by end of February 2014. There is no indication of inability to perform exercises at home. The request for additional 9 sessions of therapy exceeds the guideline recommendations. The request for additional therapy is not medically necessary.