

Case Number:	CM14-0093764		
Date Assigned:	07/25/2014	Date of Injury:	07/25/2013
Decision Date:	03/23/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 07/25/2013 due to a lifting injury. On 05/27/2014, he presented for a followup evaluation and reported neck pain rated at 7/10. A physical examination showed that he was able to toe walk and heel walk and squat. He had an antalgic gait. His neurological examination showed sensation was decreased diffusely on the right side. Strength was 4+/10 diffusely and there was a slight hand atrophy at the intrinsic muscles, especially on the first dorsal on the right side. Information regarding his diagnosis was not provided for review. The treatment plan was for physical therapy 2x6 for the neck. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6- Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary Physical Therapy Guidelines

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

Decision rationale: The California MTUS Guidelines recommend physical therapy for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the neck. However, there is a lack of documentation showing that he has any significant functional deficits to support the request for physical therapy treatment. Also, the number of physical therapy sessions being requested exceeds the guidelines. There were no exceptional factors noted to support exceeding the guidelines and therefore, the request would not be supported. As such, the request is not medically necessary.