

Case Number:	CM15-0005578		
Date Assigned:	01/16/2015	Date of Injury:	10/02/2014
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/09/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 46-year-old female who reported an injury on 10/02/2014. The mechanism of injury was the injured worker was getting into a work vehicle and someone shouted or honked a horn, startling the injured worker, and she hit her head on the doorframe of the vehicle. The injured worker had been treated with 6 sessions of physical therapy. The documentation of 12/30/2014 revealed the injured worker had completed 6 sessions of physical therapy and found the therapy helpful for symptomatic relief. The surgical history was noncontributory. The medications included gabapentin, Effexor, and Topamax for chronic headaches. The physical examination revealed tender left cervical paraspinals and bilateral upper trapezius muscles. The injured worker was utilizing a home exercise program. The diagnostic studies included an MRI of the brain which was noted to be negative. The diagnoses included concussion and neck muscle strain. The treatment plan included physical therapy for the cervical spine for 6 visits over 6 weeks. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy once a week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Table 8-5. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back chapter, Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical therapy (PT)

Decision rationale: Per the request date, the injured worker was in the acute phase and as such there was the application of the American College of Occupational and Environmental Medicine Guidelines. The California MTUS and ACOEM Guidelines do not address the quantity of sessions for therapy. As such, the Official Disability Guidelines were consulted. The Official Disability Guidelines indicate that the treatment for neck muscle strain is 10 visits. The clinical documentation submitted for review indicated the injured worker had undergone 6 initial visits. However, there was a lack of documentation of objective functional benefit that was received. There was a lack of documentation of remaining objective functional deficits to support the necessity for additional therapy. Given the above, the request for additional physical therapy once a week for 6 weeks for the cervical spine is not medically necessary.