

Case Number:	CM15-0006942		
Date Assigned:	01/26/2015	Date of Injury:	08/04/2014
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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: New York

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

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 51-year-old male worker sustained work-related injuries on 8/4/14. He is diagnosed with cervical sprain with myofascitis and lumbar spine degenerative disc disease. According to the PR2 dated 11/20/14, he had completed nine physical therapy sessions for the cervical and lumbar spine with some improvement. Previous treatments include medications and bracing. The treating provider requests physical therapy x four for the cervical spine. The Utilization Review on 12/29/14 non-certified physical therapy x four for the cervical spine, citing CA MTUS Chronic Pain Medical Treatment Guidelines for Neck and Upper Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 4 to the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient had a cervical sprain and myositis/myofasciitis and completed 9 physical therapy visits. The MTUS, Chronic Pain maximum allowed number of physical therapy visits is 10 and the additional 4 visits would exceed the maximum allowed number of physical therapy visits. Also, by this time relative to the injury and the number of physical therapy visits received, the patient should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the time of the injury.