

Case Number:	CM15-0017560		
Date Assigned:	02/05/2015	Date of Injury:	03/11/2014
Decision Date:	04/21/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 60-year-old female sustained an industrial injury on 3/11/14. She subsequently reports ongoing shoulder, neck, and back pain. Diagnoses include sprain/strain of neck and cervicgia. Treatments to date have included work restrictions, physical therapy and prescription pain medications. On 12/29/14, Utilization Review non-certified a request for Additional physical therapy for the cervical spine 3 times a week for 3 weeks. The request for Additional physical therapy for the cervical spine 3 times a week for 3 weeks was denied based on CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the cervical spine 3 times a week for 3 weeks: 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 MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing leg or knee swelling. The treating physician notes could not consistently be read with complete confidence. There was no discussion describing the reason additional therapist-directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for an additional nine physical therapy sessions for the cervical spine region done as three times weekly for three weeks is not medically necessary.