

Case Number:	CM15-0137215		
Date Assigned:	07/27/2015	Date of Injury:	04/06/2014
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 48 year old female who reported an industrial injury on 4-6-2014. Her diagnoses, and or impression, were noted to include: sprain of neck and lateral "coll" ligament; cervical disc bulge with nerve root irritation and spondylosis; migraine headaches; and spasms of muscle. No current imaging studies were noted. Her treatments were noted to include: diagnostic imaging studies of the cervical spine and left shoulder (7-7-14); physical therapy - cervical spine; home exercise program; chiropractic treatments; medication management; and rest from work. The progress notes of 6-23-2015 reported moderate-severe neck, shoulder and knee pain, with numbness and tingling, after falling in the parking lot. Objective findings were noted to include that she was alert and oriented x 3. The physician's requests for treatments were noted to include additional physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x4 cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: Additional physical therapy 3x4 cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions and why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.