

Case Number:	CM15-0164241		
Date Assigned:	09/01/2015	Date of Injury:	12/01/2014
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old female who sustained an industrial injury on 12-01-2014. Mechanism of injury was an assault injuring her head, and neck. Diagnoses include post-traumatic stress disorder, reactive depression, neck pain, hyperreflexia, anxiety and depression, assault, sprain of the neck, contusion of the head and knee sprain. Treatment to date has included diagnostic studies, medications, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit and activity modifications. Current medications documented are Elavil and Xanax. An unofficial Magnetic Resonance Imaging of the cervical spine done on 01-22-2015 was negative. A head computed tomography scan was also negative. A physician progress note dated 07-21-2015 documents the injured worker complains of pain in her ears and bilateral knee pain and she has had instability. She has tenderness to the cervical spine and trapezius with spasms of the left trapezius and restricted cervical range of motion. She has limited left knee range of motion. Treatment plan includes a hinged knee brace, a referral for counseling, and a home Transcutaneous Electrical Nerve Stimulation unit. Treatment requested is for physical therapy x 12 for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 for the Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Physical Therapy; ACOEM, Pain, Suffering and the Restoration of Function, Chapter 6, page 114.

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

Decision rationale: MTUS Guidelines consider up to 10 sessions of physical therapy as adequate for persistent musculoskeletal problems/pain. This individual has completed a prior course of therapy with some benefit; however, the request for an additional 12 sessions significantly exceeds Guideline recommendations without adequate justification. A few additional sessions to renew education in a home activity program may be medically reasonable, but this request for an additional 12 sessions is not consistent with Guidelines. The request for physical therapy x 12 for the neck is not supported by Guidelines and is not medically necessary.