

Case Number:	CM15-0198156		
Date Assigned:	10/13/2015	Date of Injury:	08/11/2015
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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: Physical Medicine & Rehabilitation

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 patient sustained an injury on August 11, 2015. The injured worker was undergoing treatment for contusion and or head trauma concussion, cervical spine strain and or sprain and open wound to the forehead. According to progress note of September 29, 2015, the injured worker's chief complaint was pain in the head, forehead, right cheek and neck with spasms was not better. The objective findings were pain, tenderness, and swelling. The cervical spine exam noted flexion of 40 degrees out of 60 and extension of 40 degrees out of 50, right rotation was 60 out of 80, left lateral rotation was 70 out of 80, left flexion was 10 out of 40 and right flexion was 10 out of 40. There was pain at the C1-C3 of 7 out of 10. The injured continued to complain of ringing in the ears and neck pain post trauma of 4 weeks. The injured worker previously received the following treatments MRI of the brain without contrast which was negative, on September 23, 2015; Head CT scan which was normal on August 11, 2015. The UR (utilization review board) denied certification on October 2, 2015, for the 12 sessions of physical therapy 2 times a week for 6 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks for 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, Follow-up Visits.

Decision rationale: Review indicates the patient sustained a concussion without loss of consciousness. Multiple diagnostics have been performed including Head CT scan noting normal findings for age; CT scan of the Cervical spine on 8/11/15 noting normal exam; and most recently an MRI of the cervical spine dated 9/23/15 with minimal diffuse atrophy and unremarkable for any intracranial abnormalities. The patient continues to treat for ongoing symptoms with diffuse unchanged findings without any focal myotomal/ dermatomal correlation despite physical therapy rendered. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any objective benefit. The Physical therapy 2x a week for 6 weeks for the cervical spine is not medically necessary and appropriate.