

Case Number:	CM15-0207177		
Date Assigned:	10/26/2015	Date of Injury:	04/23/2014
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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, Massachusetts

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 33 year old male, who sustained an industrial injury on 4-23-2014. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy and strain of thoracic region. Treatment to date has included diagnostics, physical therapy, and medications. On 9-02-2015, the injured worker complains of intermittent neck, mid back, right hand, and right shoulder pain, with radiation to the right hand and arm. Mid left back pain persisted but he reported "improvement with PT" and would like to have more, noting that he "completed 20-30 PT sessions". Objective findings included ambulation with an assistive device. Range of motion in the cervical spine was full in all planes and normal bulk and tone was noted in the upper and lower extremities. Sensation was diminished in the left C7 dermatome. Objective findings were unchanged from exam on 7-29-2015. Work status was total temporary disability. The treatment plan included additional physical therapy for the cervical-thoracic spine, 2x6, non-certified by Utilization Review on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 6 weeks (12 sessions), cervical/thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs), Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to MTUS guidelines, physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. According to the provided medical records, the IW has already completed 20-30 sessions of physical therapy and the rationale for continued therapy was reported to be because the patient requested continued therapy. There is however no documentation of objective improvement of functional capacity or physical exam finding with initial course of physical therapy. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are not medically necessary at this time.