

Case Number:	CM15-0208953		
Date Assigned:	10/27/2015	Date of Injury:	08/02/2014
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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: Family Practice

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 27 year old male, who sustained an industrial injury on 8-2-14. The injured worker was diagnosed as having cervical spine strain. Subjective findings (8-4-15) indicated constant neck pain and dizziness approximately 3 x weekly. Objective findings (8-4-15) revealed intact sensation to light touch in the right lateral shoulder and right thumb tip. As of the PR2 dated 9-15-15, the injured worker reports constant cervical pain that radiates to the right upper extremity, right ear pain and headaches. Objective findings include intact sensation to light touch in the right lateral shoulder and right thumb tip. There is no specific cervical examination documented in the noted. Treatment to date has included a functional capacity evaluation on 1- 15-15, chiropractic treatments, acupuncture and a TENS unit. The Utilization Review dated 9- 29-15, non-certified the request for physiotherapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PhysioTherapy Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The medical record indicates this worker was referred to physical therapy 8/11/2014 for diagnoses including knee sprain, ankle sprain, neck sprain, and contusion of hand. The referral was for a total of 6 treatments. There is no record of the outcome of that referral. Recent progress notes are with illegible handwriting. There does not appear to be any objective examination (at least not that can be deciphered), upon which a decision for the need for physical therapy can be based. The MTUS does recommend physical medicine for myalgia to include 9-10 visits over 8 weeks. However, given the unknown number and outcome of previous physical therapy sessions and the lack of objective physical exam findings, Physiotherapy cannot be determined to be necessary or appropriate. Therefore, the request is not medically necessary.