MAXIMUS Federal Services

Case Number:	CM15-0029876		
Date Assigned:	02/23/2015	Date of Injury:	01/22/2014
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, California
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:

This is a 39 year old male patient who sustained a work related injury on January 22, 2014. While working as a mechanic, a pry bar broke loose and he fell and hit his cheek. The diagnoses at that time included acute facial contusion; cervical strain, acute; and acute back/shoulder muscle spasm. Per the note dated 1/19/15, he had decrease frequency of headache and improved in numbness in bilateral hands. Physical examination of the cervical spine revealed full range of motion and 5/5 strength in bilateral upper extremities. The current medication list includes meloxicam. Past history included C5-6 anterior cervical discectomy and fusion with instrumentation and allograft September, 2010. According to a neuropsychological report dated August 29, 2014, he presented for evaluation and was diagnosed with cognitive disorder not otherwise specified, secondary to pain and medications and mild traumatic brain injury. Other therapy for this injury was not specified in the records provided. According to utilization review dated January 29, 2015, the request for (12) Sessions of Physical Therapy for the Cervical Spine is non-certified, citing MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back (Acute & Chronic).

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

Decision rationale: Request: 12 sessions of physical therapy for the cervical spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Specific number of physical therapy visits since date of injury (1/22/14) is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, “Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."In addition, significant functional deficits that require physical therapy visits are also not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 12 sessions of physical therapy for the cervical spine is not established for this patient at this time.