

Case Number:	CM15-0039421		
Date Assigned:	03/27/2015	Date of Injury:	07/18/2011
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: New Jersey, New York
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 51 year old male, who sustained an industrial injury on July 18, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical musculoligamentous injury. Treatment to date has included injection and medications. On December 22, 2014, the injured worker complained of progressive limited range of motion to the neck and arms associated with severe muscle spasms. He also continues to experience frequent moderate to severe headaches. There is tingling and numbness in the cervical region as well as weakness to the bilateral arms. The treatment plan included medications and physical therapy.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Pain Chapters.

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

Decision rationale: The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received 12 sessions of physical therapy in the past for his cervical spine, after a previous cervical ESI. The patient should be adept at performing a home exercise program at this point and should not need another 12 sessions of physical therapy. His functional improvement was not objectively documented as well. Therefore, the request is considered not medically necessary.