

Case Number:	CM15-0050872		
Date Assigned:	03/24/2015	Date of Injury:	12/04/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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: California, North Carolina
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 (IW) is a 39 year old female who sustained an industrial injury on 12/04/2013. She reported neck, shoulder and knee pain. The injured worker was diagnosed as having left frontalis paresis, herniation of C5-C6, cervical pain, and radiculopathy. Treatment to date has included oral pain medications and diagnostic testing. Currently, the injured worker complains of constant headache and neck pain radiating down both arms. The treatment plan indicates that physiotherapy has been beneficial and should be continued, and indicates a trial of light cervical traction is considered. Medications of Tylenol with codeine, Flexeril, Naprosyn and Prilosec will be refilled. A request for authorization is made for Physiotherapy 3 times a week for 4 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:

Physiotherapy 3 times a week for 4 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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient sustained an injury to her neck shoulder and knee in an MVA on 12/04/13. The request is for physiotherapy 3x/week for 4 weeks to the neck. Passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the healing rate soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance function, ROM, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient has undergone multiple sessions of physical therapy which did not result in improvement in the patient's condition. Further physiotherapy is unlikely to improve the patient's condition. She has undergone conservative therapy, including physiotherapy, NSAIDs and rest without significant improvement indicating a failure of conservative treatment. Therefore, further physiotherapy is not medically necessary at this time.