

Case Number:	CM15-0059523		
Date Assigned:	04/06/2015	Date of Injury:	10/08/1984
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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(n) 66 year old male, who sustained an industrial injury on 10/8/84. He reported pain in the neck related to a motor vehicle accident. The injured worker was diagnosed as having cervical disc degeneration. Treatment to date has included physical therapy. As of the PR2 dated 12/8/14, the injured worker reports pain in the neck. The treating physician requested physical therapy x 8 sessions for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Neck, 8 sessions: Upheld

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

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

Decision rationale: Guidelines state active therapy is aimed at improving flexibility, strength, endurance, function, range of motion and pain control. The patient has completed an initial course of physical therapy. However, there was no documentation of objective functional

improvement which is required to justify additional sessions. The request for additional physical therapy x 8 is not medically necessary and appropriate.