

Case Number:	CM14-0111172		
Date Assigned:	08/01/2014	Date of Injury:	08/09/2012
Decision Date:	09/26/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of 8/9/12. A utilization review determination dated 7/11/14 recommends modification of Physical Therapy (PT) from 12-18 sessions to 6 sessions. It appears that at least 18 prior PT sessions to the cervical spine have been completed. 7/1/14 medical report identifies chronic neck and left arm pain. On exam, there is varying weakness in multiple muscles of the left upper extremity. Referral to pain management for possible cervical lumbar epidural injection and PT were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two to three times a week for six weeks (2-3x6) cervical:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127.

Decision rationale: Regarding the request for physical therapy, California Medical Treatment Utilization Schedule (MTUS) supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in

order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement to support the likelihood of efficacy of ongoing treatment. Furthermore, the request exceeds the amount of PT recommended by the California (MTUS) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.