

Case Number:	CM14-0126350		
Date Assigned:	08/15/2014	Date of Injury:	11/01/2012
Decision Date:	09/26/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 of the date of injury of November 1, 2012. A utilization review determination dated July 9, 2014 recommends noncertification of physical therapy to the cervical spine 2 times a week for 4 weeks. Noncertification was recommended since the patient has been authorized for 32 sessions of physical therapy and completed 27 with no demonstration of substantial ongoing functional progression with recent physical therapy. A progress note dated June 20, 2014 identifies subjective complaints of neck pain which is unchanged. Physical therapy has been very helpful especially for the tightness in her neck. Of all treatments, myofascial release has been the most beneficial. Physical examination reveals fluid motion. The note indicates that the patient has attended 27 sessions of physical therapy with 5 more remaining authorized visits. The diagnoses include cervical spine degenerative disc disease and cervical spine facet arthropathy. The treatment plan recommends continuing physical therapy. A progress note dated April 25, 2014 identifies objective findings including "no neck malalignment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to cervical spine with full one hour myofascial release two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127. Decision based on Non-MTUS Citation Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 10 therapy visits for sprains and strains of the neck, 10 visits for inter-vertebral disc disorders, and 9 visits for cervical spondylosis. Within the documentation available for review, it appears the patient has undergone 27 visits of physical therapy, exceeding the maximum number recommended by guidelines. Additionally, there is no documentation of recent sustained objective functional improvement as a result of the therapy sessions provided. Finally, there is no recent documentation of any objective functional deficits remaining to be treated with therapy or any statement indicating why an independent program of home exercise would be insufficient to address any remaining deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.