

Case Number:	CM14-0131720		
Date Assigned:	09/19/2014	Date of Injury:	07/05/2008
Decision Date:	10/21/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 47 year old patient had a date of injury on 7/5/2008. The mechanism of injury was not noted. In a progress noted dated 7/16/2014, the subjective complaints have improved, as there is less pain and less spasms. On a physical exam dated 7/16/2014, there is overall improving cervical spine mobility especially with rotation, and less right upper extremity tremors. The patient is more relaxed with stretching exercises. The diagnostic impression shows cervical sprain/strain of neck. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 8/18/2014 denied the request for physical therapy, cervical x 6 sessions, stating that since this patient has already had 6 visits of physical therapy with benefit, an additional 4 sessions would be appropriate for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6: Pain,

Suffering and the Restoration of Function, page(s)114; Official Disability Guidelines (ODG)
neck

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG recommends 10 visit over 8 weeks for sprains and strains of neck. In the 7/16/2014 progress report, the patient is noted to have already completed 6 sessions of physical therapy for the neck. The symptoms have improved, with more range of motion and less pain. However, there was no clear rationale provided regarding the medical necessity of an additional 6 sessions, which would exceed the total recommended guideline of 10 visits over 8 weeks. Therefore, the request for physical therapy cervical sessions x 6 is not medically necessary.