

Case Number:	CM14-0141733		
Date Assigned:	09/10/2014	Date of Injury:	06/23/2014
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 is a 39-year-old female with a 6/23/14 date of injury, when she sustained the injury to her neck and left shoulder while performing her job duties of typing and answering the phone. The patient was seen on 8/8/14 for the follow up visit. The patient accomplished 5 physical therapy (PT) visits out of 8 approved and stated that it helped her. The patient reported that the neck pain was 5-6/10 and that Advil worked better than Naproxen and Flexeril made her sleepy. Exam findings revealed blood pressure of 115/77, pulse of 76 and fair range of motion of the cervical spine with some pain and tightness of the left trapezius muscle. The diagnosis is cervicgia. Treatment to date: work restrictions, 5 sessions of PT and medications. An adverse determination was received on 8/19/14. The request for PT 9 additional sessions 3x a week was modified to 3 sessions of PT in order to assist with transition to an independent home rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Nine (9) Additional Sessions (3x a week): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and

Upper Back Chapter, Physical Therapy American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient was approved for 8 PT sessions and the UR decision dated 8/19/14 certified additional 3 sessions of PT to allow the patient to transition into an independent home exercise program. In addition, the ODG guidelines recommend 9 visits over 8 weeks for the treatment of cervicalgia. There is no rationale with regards to the need for additional PT sessions given, that the patient already exceeded the recommended number of sessions of PT due to guidelines. Therefore, the request for PT 9 additional sessions 3 x a week was not medically necessary.