

Case Number:	CM14-0143925		
Date Assigned:	09/12/2014	Date of Injury:	01/13/2012
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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 Medicine 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:

The injured worker is a 36-year-old female with an original date of injury of January 13, 2012. The industrially related diagnoses include chronic neck pain, cervical herniated nucleus pulposus, and cervical intervertebral disc displacement. Conservative care less far has consisted of physical therapy (done first in 2012 and at least 8 sessions in 2014), acupuncture, and pain medication. The disputed issue is a request for additional physical therapy for the cervical spine. The utilization reviewer who authored the determination dated August 14, 2014 had a discussion with the requesting provider. There was little objective change with the recent series of physical therapy. The patient has not been able to return to work and there is no clear improvement in activities of daily living. Therefore this request was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2 to 3 Times A Week for 5 Weeks for The Cervical Spine: 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): 99.

Decision rationale: The submitted documentation includes multiple recent physical therapy notes. A progress note by neurosurgery on date of service August 4, 2014 indicates that the patient is "minimally better." The neurosurgeon suggests that additional modalities of physical therapy should be tried. However, guidelines recommend continuation of physical therapy only if the functional benefit is demonstrated. The patient has had over the years a full course of physical therapy, and due to a lack of functional benefit, further physical therapy is not warranted.