

Case Number:	CM14-0146428		
Date Assigned:	09/12/2014	Date of Injury:	04/16/2014
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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:

This is a 56-year-old male with a 4/16/14 date of injury, when he sustained injuries to his neck, shoulders, upper back and head when he hit his head on an airplane door. The patient was seen on 7/31/14 with complaints of pain in the cervical spine radiating into bilateral shoulders, arms and upper back and pain in the cervical spine with motion. Exam findings revealed pain and tenderness at the cervical paraspinal muscles and bilateral upper extremities with limited range of motion of the cervical spine. The reviewer's report indicated that the patient underwent approximately 6 sessions of physical therapy (PT) with only temporary relief. The diagnosis is cervical strain/sprain, spinous process fractures at T1-T2 and cervical spondylitic changes. Treatment to date: approximately 6 visits of PT and work restrictions. An adverse determination was received on 8/28/14 given that the patient underwent approximately 6 sessions of PT with only temporary relief and there was a lack of documentation indicating the detailed functional response from the previous PT treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS WITH EVALUATION FOR THE CERVICAL SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: Pain, Suffering, and the Restoration of Function Chapter 6 (page 114). Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical Therapy

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. In addition, ODG allows 10 visits over 8 weeks for the treatment of sprains and strains of the neck. The reviewer's note indicated that the patient underwent approximately 8 visits of PT for the cervical spine with temporary relief. There is a lack of documentation indicating subjective and objective functional gains with the treatment and there is no rationale with regards to the additional PT visits. Therefore, the request for 8 PT visits with evaluation for cervical spine was not medically necessary.