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| Case Number: | CM14-0147683 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 06/07/2011 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 Alabama. 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 patient is a 61 year old male who was injured on 07/07/2011. The mechanism of injury is unknown. Prior medication history included Morphine, ibuprofen, and Ambien. Progress report dated 08/18/2014 indicates the patient presented with complaints of posterior neck pain and left hip pain. She rated his neck pain as 9/10. Objective findings on exam revealed no sensory deficits. She exhibited decreased range of motion of the cervical spine. The patient was diagnosed with disposed anterior cervical discectomy and fusion C5-C6, C6-C7 and degenerative disk disease of the lumbar spine. The patient was recommended physical therapy for cervicalgia. Prior utilization review dated 08/27/2014 states the request for Physical therapy for the cervical spine 2 times 4 is modified to certify 6 sessions as medical necessity has been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine 2 times 4: Overturned

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): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical therapy

Decision rationale: The above ODG guidelines for neck and upper back regarding physical therapy recommends 9 visits of PT for cervicalgia (neck pain). The above MTUS guidelines for physical therapy recommends 9-10 visits for myalgia and myositis, unspecified. In this case, the request as listed above is for cervical physical therapy "2 times 4," which in interpretation means 8 total sessions. This is within the recommended sessions of physical therapy as per both above stated guidelines. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.