

Case Number:	CM14-0160211		
Date Assigned:	10/03/2014	Date of Injury:	07/11/2014
Decision Date:	12/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This is a patient of the date of injury July 11, 2014. A utilization review determination dated August 22, 2014 recommends non certification for additional physical therapy for the cervical spine. A progress report dated July 11, 2014 identifies subjective complaints indicating that the patient tripped and hurt his neck. Physical examination findings revealed reduced range of motion in the cervical spine with pain. Diagnosis is cervical strain. The treatment plan recommends a soft collar, Kenalog injection, and Flexeril. A report dated July 25, 2014 indicates that the patient has not yet improved and recommends physical therapy. A therapy referral indicates that the patient has undergone six therapy visits as of August 11, 2014. A progress report dated August 11, 2014 identifies subjective complaints of slow and steady improvement. Objective findings reveal improving range of motion. Diagnosis is cervical strain. The treatment plan recommends a 2nd course of therapy. Regular duty work is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 therapy visits for the treatment of cervical strain. Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the California Medical Treatment Utilization Schedule (MTUS) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.