

Case Number:	CM14-0164191		
Date Assigned:	10/09/2014	Date of Injury:	10/16/2012
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family 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 47 year old female patient who sustained a work related injury on 10/16/2012. She sustained the injury when she was driving a truck and hit a large post and was rammed up against her side. The current diagnoses include neck sprain, thoracic and lumbar sprain. Per the doctor's note dated 9/10/2014, patient had complaints of neck pain and headache. Physical examination revealed limited range of motion due to pain, multiple tender points with deep palpation of the cervical spine. The medications list includes norco, valium, lidocaine and trazadone. She has had left shoulder MRI which revealed partial thickness rotator cuff tear of the supraspinatus tendon; cervical and lumbar MRI on 3/22/13. She has undergone shoulder surgery on an unspecified date. She has had 6 acupuncture visits, TENS and was approved for 12 physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for 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 therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 PT visits for this diagnosis. Per the records provided, patient has already had 6 acupuncture visits and approved for 12 physical therapy visits for this injury. The requested additional visits in addition to the previously rendered PT sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the physical therapy 2 times a week for 6 weeks for the cervical spine is not fully established for this patient.