

Case Number:	CM14-0185118		
Date Assigned:	11/13/2014	Date of Injury:	11/05/2009
Decision Date:	12/19/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 injured worker's date of injury is 11/05/2009. Documentation regarding the original injury was not provided. This patient receives treatment for chronic neck and left shoulder pain. An MRI of the cervical spine on 03/17/2011 showed mild foraminal narrowing at C3-C4 and C6-C7. Patient underwent a cervical discectomy and fusion operation at C5-C7 in 2011. Medications used include Celebrex, Flexiril, and Norco. The patient received 24 physical therapy (PT) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity: 12,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy (PT) sessions are considered passive therapy. The guidelines state that this form of treatment can be used for short term relief of pain. These sessions must fade and then active therapy at home continue under medical guidance. This

patient has had 24 sessions. The guidelines allow up to 10 PT sessions over 4 weeks. Additional PT is not medically indicated.