

Case Number:	CM14-0185331		
Date Assigned:	11/13/2014	Date of Injury:	12/28/2007
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 36-years old female who sustained an industrial injury on 12/28/2008. The mechanism of injury was not reported. Her diagnosis is neck and right shoulder pain. She continues to complain of neck and arm pain. On physical exam there is a mildly positive right Spurling's test without any specific neurologic abnormalities. Treatment has included medications, cervical epidural steroid injections, cortisone injections, physical therapy, and a home exercise program. The treating provider has requested physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of The Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic neck pain. Recommendations state that for most patients with more severe acute and subacute neck pain conditions 8 to 12 visits over a period of over 6

to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, the claimant has completed previous physical therapy sessions and has been participating in a home exercise program. There is no specific indication for additional physical therapy for the cervical spine. There was no documented increased functional improvement with previous physical therapy. Medical necessity for additional physical therapy sessions has not been established. The requested service is not medically necessary.