

Case Number:	CM14-0083831		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2012
Decision Date:	10/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 Occupational 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:

Injured worker is a female with date of injury 2/1/2012. Per progress note dated 4/28/2014, the injured worker complains of neck pain and headaches. She experiences headaches about once a week and really bad headaches about once a month. These generally resolve after a moderate period of time. She denies any balance problem. On examination her gait is normal, non-antalgic and nonmyelopathic. Her neck range of motion is mildly decreased in all directions. Her upper extremities demonstrate 5/5 strength. Hoffman's is negative bilaterally. Impingement and passive range of motion testing of both shoulders is nonpainful. Lower extremities show down going Babinski, no clonus, and negative straight leg raising. Diagnoses include 1) cervical multilevel early degeneration with very small bulging or protrusions without significant neural compression 2) cervical facet arthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4, 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 Physical Medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The requesting physician explains that the injured worker does not require surgical intervention; however physical therapy would help with the neck pain. It appears that the headaches are associated with the neck pain and with improvement of her neck strength and function, her headaches will hopefully improve. Physical therapy is appropriate for this injured worker. Twelve sessions, however, are in excess of the number of sessions of physical therapy recommended by the MTUS Guidelines without evidence that the therapy is beneficial. The request for Physical therapy 3 x 4, cervical spine is determined to not be medically necessary.