

Case Number:	CM14-0099666		
Date Assigned:	07/30/2014	Date of Injury:	12/20/2013
Decision Date:	10/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 Practice and is licensed to practice in Mississippi and Texas. 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 injured worker is a 43-year-old male who reported an injury on 12/20/2013. He was reportedly knocked down and hit by a kid on a bicycle. On 05/20/2014, the injured worker presented with pain located in the neck. Upon examination of the neck, there was no tenderness to palpation or muscle spasm. There was decreased range of motion, a negative Spurling's, and muscle spasm present. There was decreased sensation in all dermatomes of the right arm along with intact decreased movement and strength in the right arm. The diagnoses were right wrist sprain, cervical sprain, open wound of the knee, and sprain of the pelvis. Prior therapy included physical therapy and medications. The provider recommended additional physical therapy visits for the cervical spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Six Physical Therapy (PT) visits for 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 Physical Medicine Page(s): 98.

Decision rationale: The request for additional 6 physical therapy (PT) visits for the cervical spine is not medically necessary. The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The Guidelines recommend 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home and there were no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.