

Case Number:	CM14-0218517		
Date Assigned:	01/08/2015	Date of Injury:	10/01/2013
Decision Date:	03/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 35 year old female who reported injury on 10/01/2013. The mechanism of injury was the injured worker's vehicle was struck while driving from her work office to a job location. She was jerked violently from side to side and struck her left shoulder. Her diagnosis was listed as cervical and thoracic strain. The prior therapies included 5 sessions of physical therapy with minimal benefit and 3-4 sessions of chiropractic therapy. On October 25, 2014, she had 1+ cervical and thoracic paraspinous muscle spasm. There was tenderness to palpation of her cervical paraspinous muscles. Range of motion included flexion 50 degrees, extension 60 degrees, right/left lateral bending 45 degrees and right/left rotation of 80 degrees. Straight leg raising in both the supine and seated position was negative bilaterally. X-rays were unremarkable. Treatment modalities included physical therapy and medications. A request was made for physical therapy 3x week x 6 weeks for the cervical and thoracic spine. On November 26, 2014, utilization review modified the request to physical therapy 3x week x 2 weeks for the cervical and thoracic spine. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6Wks for the Cervical and Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical therapy (PT); Low Back - lumbar & Thoracic, Physical therapy (PT)

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend for myalgia and myositis the physical medicine treatment is 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone 5 visits of therapy. The objective functional benefit was not provided and the therapy was noted to be of minimal benefit. Additionally, there was a lack of documentation of objective functional deficits. The request as submitted exceeds guideline recommendations. Given the above, the request for physical therapy 2 x Wk x 6 Wks for the cervical and thoracic spine is not medically necessary.