

Case Number:	CM15-0010161		
Date Assigned:	01/27/2015	Date of Injury:	07/11/2004
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

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

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 45 year old female who sustained an industrial related injury on 7/11/04. The injured worker had complaints of cervical pain. Physical examination findings included spinal vertebral tenderness in the cervical spine at C5-7, tenderness noted upon palpation at the trapezius muscles bilaterally, and limited cervical range of motion. Diagnoses included chronic pain and cervical radiculopathy. Treatment included physical therapy. The treating physician requested authorization for physical therapy for the cervical spine 2x4. On 12/18/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had completed physical therapy previously however the documentation failed to include evidence of residual functional deficits or measurable objective functional improvement to demonstrate the necessity of additional therapy visits. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy to cervical spine: Upheld

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

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

Decision rationale: 8 sessions of Physical Therapy to cervical spine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had 4 weeks of prior physical therapy for this condition. There are no extenuating circumstances that would require 8 more sessions of PT which would further exceed the recommended number of visits. The patient should be competent in a home exercise program. Therefore the request for 8 sessions of physical therapy is not medically necessary.