

Case Number:	CM15-0016719		
Date Assigned:	02/05/2015	Date of Injury:	06/17/2009
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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 35 year old female, who sustained an industrial injury on June 17, 2009. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, cervicgia, and cervicobrachial syndrome. Treatment to date has included physical therapy, home exercise program and medication. Currently, the injured worker complains of continued neck pain. She reported improvement with physical therapy and has just started learning a home exercise program. The evaluating physician requested additional physical therapy to allow for work on the home exercise program. On January 26, 2015 Utilization Review modified a request for six sessions of physical therapy to the cervical spine, noting that the request was modified to one session to allow completion of the stabilizing/strengthening program along with completion of instruction for current/active/progressive and encouraged home exercise program. The California Medical Treatment Utilization Schedule was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of six sessions of physical therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 98-99.

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

Decision rationale: 6 sessions of physical therapy for the cervical spine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition with transition to a home exercise program. The patient has already had 6 physical therapy visits but does not feel that she learned enough to continue with a self directed home exercise plan. The documentation indicates that a home exercise plan was reviewed with the patient in prior therapy sessions. Teaching a home exercise program would not require 6 additional supervised therapy sessions. Furthermore, the prior PT visits do not reveal measurable objective evidence of functional improvement therefore this request is not medically necessary.