

Case Number:	CM15-0018054		
Date Assigned:	02/05/2015	Date of Injury:	05/22/2014
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 05/22/2014. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with axial neck pain. On 12/10/2014, the injured worker presented for a followup evaluation with complaints of persistent neck pain. Upon examination, there was no acute distress noted. There was tenderness to palpation in the posterior cervical spine with 20 degrees extension, 40 degrees flexion, and 10 degrees lateral bending. Neurological examination of the upper extremities was within normal limits. Eight sessions of additional physical therapy were recommended at that time. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Guidelines state 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. According to the documentation provided, the injured worker has participated in a previous course of physical therapy. However, there was no documentation of the previous course with evidence of significant functional improvement. Additional treatment would not be supported at that time. Therefore, the request is not medically appropriate.