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| Case Number: | CM15-0119574 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 10/31/2014 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: Massachusetts

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:

The injured worker is a 40-year-old female who sustained an industrial injury on 10/31/2014 when moving mud to cover a hole. The injured worker was diagnosed with cervical strain and right shoulder strain. Treatment to date has included cervical spine magnetic resonance imaging (MRI) in December 2014, conservative measures, physical therapy (9 sessions with good results in November 2014 and 11 sessions completed in May 2015 according to the physical therapy progress report dated May 14, 2015) and medications. According to the primary treating physician's progress report on April 27, 2015, the injured worker continues to experience posterior neck pain. The injured worker denied arm symptoms. Examination demonstrated tenderness of the cervical spine with neurological examination within normal limits. Current medication listed is Ibuprofen. Treatment plan consists of returning to work with modified restrictions and the current request for additional physical therapy three times a week for four weeks for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x weekly for 4 weeks, neck, QTY: 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for non-radiating neck pain. Two courses of physical therapy have been completed totaling 20 sessions. When seen, there was cervical spine tenderness. Additional physical therapy was requested for a diagnosis of a cervical strain / sprain. Prior therapy is referenced as having helped significantly. Guidelines recommend up to 9 visits over 8 weeks for the treatment of this condition. In this case, the claimant has already had well in excess of the number of treatments recommended. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services in excess of the number required would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments, which may be occurring in this case. The request was not medically necessary.