

Case Number:	CM15-0121610		
Date Assigned:	07/02/2015	Date of Injury:	12/26/2014
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/23/2015

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:

This 41 year old woman sustained an industrial injury on 12/26/2014. The mechanism of injury is not detailed. Diagnoses include closed cervical spine fracture and cervical fusion. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 5/8/2015 show continued cervical spine pain and stiffness after completing physical therapy. Recommendations include additional physical therapy, oral/topical care, modified work duties/activity restriction, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Cervical Spine, 6 additional sessions, 2 times wkly for 3 wks:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 December 2014 and continues to be treated for neck pain and stiffness after a C5 vertebral body fracture treated non-operatively. When seen, she had completed 12 physical therapy treatments. There was cervical spine tenderness and decreased range of motion. Guidelines recommend up to 8 visits over 10 weeks for this condition when being treated non-surgically. In this case, the claimant has already had an appropriate course of physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of visits requested is in excess of that recommended or what might be needed to re-establish or revise the claimant's home exercise program. The request is not medically necessary.