MAXIMUS Federal Services

Case Number:	CM15-0175549		
Date Assigned:	09/16/2015	Date of Injury:	04/21/2015
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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 39 year old male, who sustained an industrial injury on 4-21-2015. The injured worker was diagnosed as having C4 closed fracture. Treatment to date has included diagnostics, cervical collar, physical therapy, and medications. Currently, the injured worker complains of persistent neck stiffness and difficulty with rotation from side to side. He was currently enrolled in a physical therapy program and was documented to have completed 6 of 8 sessions (physical therapy progress notes from the completed 6 sessions were not submitted). Flexion and extension x-rays (7-2015) demonstrated no evidence of spinal instability. Physical exam showed restriction in left and right rotation of the neck. Forward flexion and extension were also limited to some extent, with extension of the cervical spine resulting in development of occipital headaches and neck pain. There was no evidence of motor weakness in the upper or lower extremities. He was to remain off work. His medication use included Hydrocodone (usually every night for pain control) and he was encouraged to discontinue this medication and use Tylenol or Advil. The treatment plan included additional physical therapy for the cervical spine x8 for strengthening exercises of the upper limbs, non-certified by Utilization Review on 8-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 visits for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 injury in April 2015 and is being treated for an injury to the cervical spine with a C4 endplate fracture without spinal cord injury that occurred when he was struck on the head by a barrel that tipped out of a truck. No surgery was performed. When seen, he had completed 6 physical therapy treatments. There was no instability by x-ray in July 2015. Physical examination findings included decreased cervical range of motion with a normal neurological examination. In terms of physical therapy after a cervical fracture without a spinal cord injury, guidelines recommend up to 8 treatment sessions over 10 weeks. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.