

Case Number:	CM15-0074550		
Date Assigned:	04/24/2015	Date of Injury:	09/05/2014
Decision Date:	05/22/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/20/2015

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 45 year old female who sustained an industrial injury on September 5, 2014. She has reported neck and upper back injury and has been diagnosed with cervicgia and sprain thoracic region. Treatment has included electrical stimulation, manual therapy, home management training, and therapeutic activities. Currently the injured worker was unable to turn her head due to severe pain. The treatment request included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy 2 times a week for 3 weeks to the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine), Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Neck and Upper Back (Acute & Chronic), physical therapy, Cervicgia (neck pain).

Decision rationale: The claimant sustained a work-related injury in September 2014 and is being treated for neck and upper back pain. When seen, she had increased pain with decreased cervical spine range of motion and there were trigger points. Prior therapy had included 18 treatment sessions. Guidelines recommend up to 9 treatment sessions over 8 weeks for this condition. In this case, the claimant has already had in excess of the number of treatments recommended. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, this request is not medically necessary.