

Case Number:	CM14-0140671		
Date Assigned:	09/10/2014	Date of Injury:	05/06/2011
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 37-year-old gentleman was reportedly injured on May 6, 2011. The mechanism of injury is noted as repetitive motion with lifting and moving equipment. The most recent progress note, dated August 22, 2014, indicates that there are ongoing complaints of right forearm pain, neck pain, back pain, depression, and anxiety. The physical examination demonstrated tenderness along the radial tunnel in pain with wrist extension. There was also tenderness along the cervical and lumbar spine with decreased range of motion. Was a positive bilateral straight leg raise test. Diagnostic imaging studies of the cervical spine revealed a disc protrusion at C6 - C7 and a disc bulge at C4 - C5. Previous treatment includes a radial tunnel decompression. A request had been made for physical therapy for the cervical spine and was not certified in the pre-authorization process on August 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Cervical Spine 3 x 4 (12): Upheld

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

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, Physical Therapy, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines 10 visits of physical therapy are recommended for sprains and strains of the cervical spine. This request is for 12 visits of physical therapy. Considering this, the request for physical therapy for the cervical spine three times a week for four weeks is not medically necessary.