

Case Number:	CM14-0153461		
Date Assigned:	09/23/2014	Date of Injury:	09/07/2013
Decision Date:	11/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family Practice, and is licensed to practice in Ohio. 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 injured worker is a 35-year-old male with a date of injury of September 7, 2013. He was struck in the head twice on this day which resulted in neck pain, back pain, confusion, balance difficulties, speech difficulties, and dizziness. He underwent CT imaging of the brain on two occasions with normal results. An MRI scan of the brain was normal but there was revealed extensive sinus disease. Evidently he was treated for a period of two months following his injury by an occupational medicine center. It is unclear what actually transpired in those two months. There is a suggestion from the treating physician that the injured worker actually had physical therapy but a later interview by a neurologist indicated that it was chiropractic, massage, and acupuncture that occurred for two months. In any event, the therapy that occurred for the initial two months was ineffective. The injured worker was later referred for physical therapy November 2013. There is a statement from the medical record that this therapy was effective. No treatment notes from physical therapy have been enclosed for review. The physical exam reveals slow speech, diminished cervical range of motion, tenderness the palpation of the cervical spine and paraspinal musculature, and a positive Spurling's test. There is tenderness to palpation of the thoracic spine with paraspinal musculature tenderness. There is also tenderness of the lumbar spine from L3-L5 and the associated paraspinal musculature. The diagnoses include closed head trauma, post concussive syndrome, cervical sprain/strain, cervical discopathy, headaches, lumbar myofascitis and thoracic myofascitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 3wks Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability guidelines Neck & Back (updated 8/4/14)- Physical Therapy (PT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck, Physical Therapy

Decision rationale: The Official Disability Guidelines allow for 10 physical therapy visits over an eight week time frame for cervical sprain/strain. It is apparent that the injured worker has had one and possibly two rounds of physical therapy previously. The medical record submitted for review does not contain actual numbers of physical therapy visits or responses to such treatment, except in very general terms. Additionally, no medical records from physical therapy have been enclosed for review. Therefore, because numbers of treatments to date and response to treatment cannot be substantiated, physical therapy twice weekly for three weeks for the cervical spine is not medically necessary per the referenced guidelines.