

Case Number:	CM14-0026541		
Date Assigned:	06/13/2014	Date of Injury:	05/15/2013
Decision Date:	09/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/03/2014

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 Medicine 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 was a 33 year old male whose date of injury was May 15, 2013. Apparently, he was struck on the head and subsequently developed neck and upper back pain with radiation of pain and tingling into his upper and lower extremities. His care was primarily managed by a chiropractor. The care primarily involved physical therapy and acupuncture but later involved pain medication. The records reviewed do not include any notes from physical therapy regarding modalities used, treatment response, etc. it is noted that the previous utilization review physician indicated there had been upwards of 27 visits to physical therapy. All that can be said from these documents is that some amount of physical therapy had been ongoing for some time and it certainly would seem to be in excess of six visits. The patient's physical exam continued to show tenderness of the cervical spine, paracervical musculature, subscapularis musculature, and upper back areas. His physical exam consistently showed no evidence of neurologic impairment. A notation from his treating physician, a chiropractor in this case, from November 25 of 2013 stated "we will be stopping physical therapy soon". The injured patient had an MRI scan of the cervical spine which revealed a 2 mm disc bulge at C3-C4 and C5-C6.

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; 1X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy.

Decision rationale: Per the above guidelines, one should see an increase in the active care regimen, and a decrease in the passive regimen of care including a fading of treatment frequency with regard to physical therapy. Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program. The patient should be formally assessed after a six visit clinical trial to see he/she is moving in a positive direction, no direction, or a negative direction. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the number of physical therapy sessions appears to have exceeded the six visit clinical trial, there seems to be no clinical improvement, and there are no physical therapy notes included for review within the documents. Additional physical therapy therefore is not medically necessary.

