

Case Number:	CM14-0028038		
Date Assigned:	07/18/2014	Date of Injury:	04/16/2011
Decision Date:	08/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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 Illinois. 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 39-year-old male who reported injury on 04/16/2011. The mechanism of injury was not provided. The documentation indicated the injured worker had 16 sessions of physical therapy for the cervical spine. The documentation of 01/10/2014 revealed the injured worker had complaints of neck with severe headaches. The injured worker indicated he was attending a course of therapy with traction that helped the symptomatology. The examination of the cervical spine revealed tenderness of the cervical paravertebral muscles and upper trapezial muscles with spasms and limited range of motion. There was a positive axial loading compression test and Spurling's test. There was dysesthesia at the C5 and C6 dermatomes. The diagnosis included cervical discopathy. The treatment plan included continuation of physical therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the treatment for myalgia and myositis is 9 to 10 visits. The clinical documentation submitted for review indicated the injured worker had completed 16 sessions of physical therapy. There was lack of documentation of an objective functional benefit that was received. There was lack of documentation of objective functional deficits that remain. The addition of 8 sessions to the previous 16 sessions would further exceed guideline recommendations. Additionally, the injured worker should be well versed in a home exercise program. Given the above, the request for physical therapy 2 times 4, for the cervical spine is not medically necessary.