

Case Number:	CM17-0006045		
Date Assigned:	01/12/2017	Date of Injury:	10/18/2016
Decision Date:	02/06/2017	UR Denial Date:	12/20/2016
Priority:	Standard	Application Received:	01/09/2017

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on October 18, 2016. The patient is being treated for facial contusion, status post being punched in the face. Subjective complaint reported dizziness, numbness to neck and face with burning sensation that limit her ability to sleep and focus. There were associated feelings of neck spasms. Medication regimen listed Pamelor and Robaxin. Treatment rendered included diagnostic testing, activity modification, medication, neurologic consultation, course physical therapy (8 sessions November 2016), home exercise program and follow up. On December 13, 2016 a request was received for physical therapy 2x4 for the neck that were noncertified by Utilization Review on December 20, 2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, and Chronic Pain Medical Treatment 2016. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface/Physical therapy.

Decision rationale: According to the 12/12/16 physician progress report this worker has neck strain improving with PT. However no further details to verify this improvement were documented. Physical examination findings included tenderness to palpation, full range of motion and negative Spurling's of the neck. No functional improvement in response to physical therapy was documented. The MTUS guidelines for physical therapy includes 9-10 visits over 8 weeks for myalgia and myositis, 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The guidelines also state "patients should be formally assessed after a "6 visit clinical trial" to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy." The ODG states, "when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." There was no documentation explaining why physical therapy exceeding the guidelines is necessary. It would be anticipated that this worker would have an established home exercise program at this point and would no longer need the supervision of a physical therapist. The need for additional physical therapy is not apparent from the available medical record. Therefore this request for eight physical therapy sessions for the neck is not medically necessary or appropriate.