

<b>Case Number:</b>	CM13-0012202		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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:

53 year-old female with an injury from 1/22/13, suffers from chronic neck pain, hip pain and has had chiropractic and physical therapy along with medications. 8/7/13 UR letter denied the requested 6 sessions of PT, modifying the request to two sessions. The rationale was that the patient has had 9 sessions of therapy already and that it was unlikely that additional therapy would help. 7/31/13 report by [REDACTED] states that the patient has continued pain and stiffness, using flexeril, numbness or other issues. Listed diagnoses are sprain neck, hip, thigh. Recommendation was for PT 2x3. Report from 8/28/13 shows that the patient has good/bad days, full duty work. The patient was to stop flexeril and go for Orthopedic consultation. The 9/25/13 report shows that the patient has increased pain to left neck and left arm. Recommendation was for MRI of C-spine, Ibuprofen and avoid flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times per week for three (3) weeks for the cervical spine from 8/7/13 to 9/21/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy..

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

**Decision rationale:** It appears that the patient has already completed 9 sessions of therapy. The current request for 6 additional sessions exceeds what is recommended by MTUS for the diagnosis of sprain/strain. If the patient does not improve, MTUS page 8 recommends re-evaluation and a different course of treatment. In this patient, the treater does not explain why additional PT is being requested when the patient has had 9 sessions. There is lack of discussion of goals and expectations. For the given diagnoses, the patient should be transitioned into home exercises following physical therapy. Recommendation is for denial of the requested PT 2x3 based on MTUS PT recommendation of 8-10 sessions for the given condition.