

<b>Case Number:</b>	CM13-0021665		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Pain Medicine and is licensed to practice in Ohio and Texas. 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:

The patient is a 54-year-old male who reported an injury on 08/16/2012, after hitting two 6000-pound paper rolls with his forklift, causing alleged injury to his neck. The patient's most recent physical evaluation revealed the patient had tenderness and spasms to palpation over the left paracervical musculature with very limited range of motion secondary to pain. The patient's diagnoses included status post fusion C3-6 and cervical spine degenerative disc disease. The patient's treatment plan included medication usage and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for six (6) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested physical therapy 3 times a week for 6 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has significant pain and range of motion complaints. California Medical Treatment Utilization Schedule does recommend physical therapy to address this type of injury. The

clinical documentation submitted for review does indicate that the patient has previously participated in physical therapy. Continuation of physical therapy should be supported by documented significant functional improvement. The clinical documentation submitted for review does not provide any evidence of objective significant functional improvement as a result of the prior therapy. Additionally, Official Disability Guidelines recommend up to 9 to 10 visits for this type of injury. The submitted request for 3 times a week for 6 weeks exceeds this recommendation. There are no exceptional factors noted within the documentation to support the need to extend treatment beyond guideline recommendations. As such, the physical therapy 3 times a week for 6 weeks is not medically necessary or appropriate.