

<b>Case Number:</b>	CM13-0031008		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 has a subspecialty in Sports Medicine and is licensed to practice in 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 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 patient is a 29-year-old male who reported an injury on 08/27/2011. The patient was reportedly injured as a result of an attempted sexual assault. The patient is diagnosed with neck pain, low back pain, PTSD, and bilateral TMJ syndrome. The most recent physician progress report submitted for this review is dated 04/24/2013 by [REDACTED]. The patient reported persistent neck pain with headaches. Physical examination was not provided on that date. Treatment recommendations included continuation of current medications and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X4WKS FOR CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patient's injury was greater than 2 years ago to date. There is no documentation

of a previous course of physical therapy. Additionally, the latest physician progress report submitted for this review was documented on 04/24/2013. There is no documentation of a comprehensive physical examination of the cervical spine. The request for physical therapy for the cervical spine twice a week for four weeks is not medically necessary and appropriate.