

<b>Case Number:</b>	CM13-0034394		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 has a subspecialty in Interventional Spine 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:

Patient is a 45 year old, male with a date of injury of 03/01/2012. Patient has diagnoses of cervical radiculitis/neuritis, cervical degenerative joint disease and degenerative disc disease. Xrays of the cervical spine show bullet fragments lodged near C3-4. UR dated 09/19/2013 denied request for 6x physical therapy, which was requested by [REDACTED] on progress report dated 08/23/2013. Unfortunately, that report was not provided in the 274 pages of medical file that was received. [REDACTED] report dated 01/16/2013 states patient has exhausted all conservative treatments including 12 sessions of physical therapy ending in June 2012 and now requests ESI and post injection PT x6. On 04/19/2013, [REDACTED] final consultation report deemed patient permanent and stationary. He states despite ongoing care, that included medications and physical therapy, patient has had ongoing symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy Times 9 For Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks Reflex sympathetic dystrophy, 24 visits over 16 weeks.

**Decision rationale:** This current request is for therapy 9 sessions. The report containing the request is missing unable to determine whether or not the patient is flared-up, has a new injury, or any specific decline in function to warrant a course of therapy. The utilization review letter denying the request does not have much specifics. It is also not certain how much therapy this patient has had in 2013. The last course of 12 sessions appears to be from 2012. In this case, a short course of therapy may be indicated for decline in function, increase in pain due to a flare. At this time, per MTUS physical medical guidelines allows 9-10 sessions of therapy for myalgia/myositis/neuritis complaints. The review of reports do not show that the patient benefited much from prior treatments and no current report shows a specific need for additional therapy. Therefore the request is not medically necessary.