

<b>Case Number:</b>	CM13-0039622		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 Final Determination Letter for IMR Case Number CM13-0039622 3 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 40 year old male with a date of injury of 05/31/2012. He hit his head on a cement bucket. He had a closed head injury with cervical strain/sprain and thoracic spine strain/sprain. On 07/12/2012 a cervical MRI revealed mild degenerative changes. EMG/NCS revealed no evidence of cervical radiculopathy. On 01/31/2013 a MRI of the thoracic spine revealed T2-T3 2 to 3 mm disc bulge with mild compression of the anterior dural sac. He has been treated with physical therapy, acupuncture, Ultram, NSAIDS and Tylenol. On 09/11/2013 he had 9/10 pain with decreased cervical range of motion. There was no focal weakness. Gait was normal. On 09/13/2013 there was a request for 12 physical therapy visits for the neck and thoracic spine. This was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### PHYSICAL THERAPY FOR THE CERVICAL AND THORACIC SPINE 12 VISIT:

Upheld

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

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

**Decision rationale:** There are very minor changes on the cervical and thoracic spine MRIs. He continues to have chronic pain. MTUS Chronic Pain notes that the maximum number of physical therapy visits is 10. The requested 12 physical therapy visits are not consistent with MTUS guidelines. Also, at this point of time relative to the injury, he should have been transitioned to a home exercise program. Continued formal physical therapy is not superior to a home exercise program at this point in time relative to the time of the injury.