

<b>Case Number:</b>	CM13-0039638		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/08/2002
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Orthopedic Surgery and is licensed to practice in Maryland. 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:

According to the records made available for review, the patient is a 46-year-old female with a 5/8/02 date of injury. The request is for authorization of an additional 12 physical therapy visits to the cervical spine. There is documentation of subjective findings. The patient is doing better with therapy and medications with less pain, having less spasms, and better mobility. The objective findings include less spasm and tenderness in the neck and low back, rotation to 75 degrees and tilt to 30 degrees in the cervical spine and forward flex 60 degrees and extend 20 degrees. The current diagnoses are chronic cervicothoracic lumbar sprain/strain. The treatment to date includes 28 sessions of physical therapy in 2011 and 20 session in 2013 (per 9/26/13 utilization review determination) with 40-50% objective functional improvement (per 8/12/13 medial report). The appeal letter dated 11/11/13 identifies that request for additional therapy is based on the fact that the patient has been awarded future medical. She is working and she has been seen for an extended period of time noting that she was doing her own home exercises and doing reasonably well. There is no documentation of a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional physical therapy visits for the cervical spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114 and the Official Disability Guidelines (ODG) Neck & Upper Back, Physical therapy (PT).

**Decision rationale:** The California MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals as criteria necessary to support the medical necessity of additional physical therapy. The ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical spine sprain/strain not to exceed 10 sessions over 8 weeks, and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines as criteria necessary to support the medical necessity of additional physical therapy. Within the medical information available for review, there is documentation of at least 48 previous physical therapy treatments completed to date, which exceeds guidelines, objective improvement with previous treatment, functional deficits, and functional goals. In addition, there is no documentation of a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request for 12 physical therapy visits to the cervical spine is not medically necessary.