

<b>Case Number:</b>	CM13-0044060		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Geriatrics 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 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 injured worker is a 56 year old woman who sustained an injury on 4/25/13 resulting in diagnoses of cervicgia and thoracic myofascial pain. The physical therapy notes from July - August 2013 were reviewed and document that the worker is slowly improving with a decrease in stiffness and improvement 'somewhat' in range of motion and exercise tolerance. A physician note of 9/20/13 notes she is status post cervical surgery in 2011 and has 5/10 cervical and thoracic pain. She is working in medical sales. Her physical exam showed tenderness of the cervical and thoracic spin with limited range of motion, 'however improved'. Neurologically, she was unchanged but no exam is documented. The prior physical therapy sessions were said to facilitate diminution in pain and improved tolerance to a variety of activities and range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 12 physical therapy sessions:** 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 Section Page(s): 98-99.

**Decision rationale:** The California MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used for over two months as a modality and a self-directed home program should be in place. She is able to work at her job in medical sales. The records do not support the medical necessity for an additional 12 physical therapy visits in this individual with chronic neck and thoracic pain.