

<b>Case Number:</b>	CM13-0047752		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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:

45 year old female with date of injury 2/12/90 and 2/27/12. Patient status post anterior cervical discectomy and fusion 4/18/12. Patient with complaint of neck pain/stiffness and shoulder pain. PR-2 requesting occupational therapy on 6/3/13 and 7/15/13. Patient status post 10 visits of therapy for hand. Exam note 10/7/13 demonstrates limited painful range of motion cervical spine and bilateral tenderness on paraspinal musculature thoracic spine. Request on 10/7/13 for 12 visits of physiotherapy due to increased neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 6:** 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.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended for certain situations. Ongoing physical therapy is not recommended when claimant would be expected to be in a home exercise program. There is insufficient evidence to support further physical therapy in the medical records reviewed. Therefore the determination is for non-certification.

