

<b>Case Number:</b>	CM13-0050488		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Family Practice 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:

The patient is a 33-year-old injured worker who reported an injury on 07/15/2009, after he was struck by a 1000 pound block of cement. The patient reportedly sustained multiple fractures and a traumatic brain injury. The patient underwent extensive rehabilitation to include physical therapy, occupational therapy, speech therapy, psychological support, and medication management. The patient's most recent clinical examination findings included complaints of cervical spine and shoulder pain. Evaluation of the cervical spine determined that the patient had normal range of motion and slight tenderness to palpation over the cervical paravertebral musculature. The patient's diagnoses included cervical strain, myofascial pain, post-traumatic headaches. The patient's treatment plan included an MRI of the brain, physical therapy, and continued medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy-cervical:** 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 Page(s): 98-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend physical therapy to assist with pain relief. The clinical documentation submitted for review does indicate that the patient does have pain complaints of the cervical spine. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. Therefore, a short course of physical therapy may be indicated to re-assess and re-educate the patient in a home exercise program. However, the submitted request does not identify a duration or frequency of the requested physical therapy. Therefore, the determination of medical necessity cannot be established. The request for physical therapy-cervical is not medically necessary and appropriate.