

<b>Case Number:</b>	CM13-0052317		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 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 male who reported an injury on 01/11/2008. The injured worker was seen most recently on 10/07/2013 for evaluation and treatment of his injury sustained during the course of his occupation as a special education trainee, and while employed at the [REDACTED]. The injured worker's presented complaints were cervical spine pain, whereupon it was noted the patient had been taking Flexeril and Soma on a regular basis, which seemed to help and had not had any ill effects. The injured worker at that time had been attending physical therapy with modalities, which helped and reported he is sleeping better and taking fewer medications, and had had increased range of motion and decreased pain. On the examination, the injured worker had tenderness and spasms over the paracervical area and trapezius muscles bilaterally. Range of motion was noted to be flexion at 30/50 degrees, extension 39/60 degrees, rotation 52/80 degrees on the right, and 54/80 degrees on the left. Lateral flexion was 29/45 degrees on the right and 34/45 degrees on the left. The Jamar dynamometer grip strength test revealed 25 kg, 21 kg, and 20 kg on the right dominant hand, and 21 kg, 19 kg, and 16 kg on the left hand. The injured worker is status post cervical fusion from 08/02/2011. At that time, the injured worker remained temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS TO THE CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** According to California MTUS Guidelines, active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are recommended to continue exercises at home as an extension of the treatment process in order to maintain improvement levels. In the case of this injured worker, he has already undergone at least 11 sessions of physical therapy with noted improvement. Therefore, the injured worker should be well versed in continuing with a home health exercise program. As such, the medical necessity for continuation of outpatient physical therapy has not been established and is non-certified.