

<b>Case Number:</b>	CM13-0056047		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Orthopedic Surgery, has a Fellowship trained in Spine 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 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 04/04/2011. The mechanism of injury was not stated. The injured worker is currently diagnosed with cervical radiculopathy, lumbar radiculopathy, anxiety reaction, bilateral shoulder impingement syndrome, gastropathy, and chest pain. The injured worker was evaluated on 10/16/2013. The injured worker reported neck, back, and right upper extremity pain. The injured worker reported improvement with chiropractic treatment. Physical examination on that date revealed paravertebral muscle tenderness, spasm, restricted range of motion, intact sensation, and intact motor strength. Treatment recommendations included an additional course of physical therapy 3 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. As per the documentation submitted, the injured worker has previously participated in a course of physical therapy. However, there was no evidence of objective functional improvement. Furthermore, the current request does not include a frequency or quantity. Therefore, the request is non-certified.