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| <b>Case Number:</b>   | CM13-0056645 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/13/2012 |
| <b>Decision Date:</b> | 03/31/2014   | <b>UR Denial Date:</b>       | 10/28/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/22/2013 |

### 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 Texas. 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 37-year-old male who reported injury on 08/13/2012. The mechanism of injury was noted to be the patient's coworker was holding a ladder and unannounced to the patient, the coworker let go of the 10-foot ladder and it fell down on top of the patient. The patient was noted to be participating in physical therapy, a total of 7 sessions, and was doing home-directed physical therapy on 10/01/2013. The patient indicated the therapy was somewhat helpful. The physical examination on 10/10/2013 revealed the patient had headaches in the back and front of his head, with frequency. The patient had dizziness and neck stiffness. The headaches were noted to be worse with bright lights and noise. The patient's active range of motion of the cervical spine was noted to be flexion and extension of 30 degrees, bilateral rotation of 60 degrees, and side bend bilaterally was 30 degrees. The cervical spine testing revealed a negative Spurling's examination and a positive Adson's test bilaterally. The patient's diagnoses were noted to include post concussive syndrome, post-traumatic headaches, and cervical myofascial pain, chronic. The treatment plan was noted to include a functional restoration program. The request was made for 12 visits of physical therapy for the cervical spine per the Application for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for 12 visits of physical therapy for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

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

**Decision rationale:** California MTUS Guidelines indicate that physical medicine treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis, and that 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had prior physical therapy. However, there was a lack of documentation indicating the quantity of sessions the patient had participated in per the physician, but the patient indicated they had participated in 7 visits, and the physical therapy was noted to be helpful. There was a lack of documentation of objective functional benefit received by therapy. There was a lack of documentation of remaining objective functional deficits to support ongoing physical therapy. Given the above, the request for 12 visits of physical therapy for the cervical spine is not medically necessary.