

<b>Case Number:</b>	CM13-0059947		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/29/2005
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 56 year old female with a date of injury of 06/29/2005. The mechanism of injury is unknown. Prior treatment history has included physical therapy however, no physical therapy note submitted for review, bed rest, TENS unit, and acupuncture. Progress note dated 08/05/2013 documented the patient to have complaints of pain in the cervical spine of severe intensity. Objective findings on exam included examination of the cervical spine. On the musculoskeletal, there was bilateral cervical myofascial pain. On neurological exam the patient had good lower extremity neurological strength and is able to ambulate around the room. Progress note dated 11/04/2013 documented the patient with complaints of pain in the cervical and lumbar spine. Severity is intense. Objective findings on exam included examination of the cervical spine on musculoskeletal there was bilateral cervical myofascial pain. On neurological exam the patient had good lower extremity neurological strength and is able to ambulate around the room. Progress note dated 01/10/2013 documented examination of the cervical spine shows decreased cervical range of motion with left and right rotations to 75 degrees. There is tenderness with spasm overlying the bilateral trapezius musculature. Palpation over these areas radiates discomfort towards both shoulders and upper arms. She continues to rub her posterior neck, right greater than left. She moves her neck slowly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, EIGHT (8) VISITS FOR CERVICAL AND THORACIC SPINE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/>, Cervical and Thoracic Spine Disorders, Low Back Disorders

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

**Decision rationale:** Per the CA MTUS Guidelines, 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. The medical records submitted document the patient to have myofascial pain (cervical) and good lower extremity neurological strength and ability to ambulate around the room (08/05/2013 and 11/04/2013 PR notes). There is no documentation of decreased flexibility, strength, endurance or range of motion. The last note that has documentation was from 01/10/2013. Based on the lack of documentation on the need for restoring the functions outlined, medical necessity has not been established.