

<b>Case Number:</b>	CM13-0060015		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/20/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 58-year-old male who reported an injury on 10/01/2012. The mechanism of injury involved a fall. A Request for Authorization for physical therapy twice per week for six (6) weeks was submitted on 11/12/2013. However, there was no documentation of a Physician's Progress Report on the requesting date. The patient was recently seen by [REDACTED] on 12/05/2013. The patient reported ongoing pain. A physical examination revealed stiffness, spasm, and decreased range of motion of the lumbar spine, as well as positive straight leg raise. The patient also demonstrated stiffness with spasm and decreased range of motion of the cervical spine. The treatment recommendations included authorization for evaluation and treatment by a general surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice a week for six (6) weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that 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 Guidelines allow for fading of treating frequency, plus active, self-directed home physical medicine. As per the documentation submitted, the patient's injury was greater than one (1) year ago to date. There is no documentation of this patient's previous participation in physical therapy. The patient does demonstrate decreased range of motion, stiffness, and spasm of the cervical spine upon physical examination. However, the current request for physical therapy twice per week for six (6) weeks exceeds guideline recommendations. Based on the clinical information received and the guidelines, the request is non-certified.