

<b>Case Number:</b>	CM13-0061910		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Interventional Spine, 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:

This patient is a 29-year-old female with a date of injury of 3/26/13. The listed diagnosis per [REDACTED] is status post whiplash with dominant cervical/thoracic symptoms. According to report dated 10/2/13 by [REDACTED], the patient presents with low cervical and interscapular pain with some mid-thoracic components. The patient indicates that the upper trapezius muscles and levator scapulae muscles are tight with some pain in the deltoid on the right side. Physical examination revealed tenderness over the low paracervical muscles on the right side and general tenderness over the upper trapezius muscles and medial scapular borders bilaterally. There is a very soft right-sided Hoffmann reflex and to a lesser degree, a minimum left side Hoffman reflex. There is moderate pain to deep palpation of the midline L5-S1 structures. The treating physician states that the patient had 12 physical therapy sessions in Sonoma which appeared to have been exercise oriented. The patient also had 12 chiropractic sessions. The treating physician recommends that the patient continue with additional therapy, to include 6 sessions with active release therapy for the neck and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY WITH ACTIVE RELEASE THERAPY FOR THE NECK AND THORACIC SPINE TWICE A WEEK FOR THREE WEEKS: Upheld**

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

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

**Decision rationale:** This patient presents with continued back and neck pain. The treating physician is requesting six sessions of physical therapy due to residual muscle tension. The MTUS guidelines recommend 9-10 physical therapy visits for myalgia and myositis over eight weeks. In this case, the treating physician noted on 10/2/13 that the patient has had 12 physical therapy sessions in Sonoma. Physical therapy reports were not provided for review. However, given the patient's date of injury of 3/26/13, the therapy sessions were relatively recent. Given that the patient has had a recent course of 12 sessions, the requested additional six exceeds what is recommended by the MTUS. The request is noncertified.