

<b>Case Number:</b>	CM13-0062333		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Pediatric Rehabilitation 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 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 60-year-old male who reported an injury on 08/29/2012. The mechanism of injury was noted to be a motor vehicle accident. The patient is diagnosed with cervical sprain/strain, cervical intervertebral disc disorder, and cervical brachial neuritis/radiculitis. His symptoms are noted to include headaches, neck pain with radiation down both arms, mid back pain and low back pain with radiation down his legs with numbness and tingling in his big toes. His physical exam findings were documented as decreased range of motion of the cervical spine to 20 degrees flexion and extension, 40 degrees right rotation, 30 degrees left rotation, and 20 degrees bilateral lateral bending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE (12) ADDITIONAL PHYSICAL THERAPY VISITS TO THE NECK:**

Overtured

**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:** According to California MTUS Guidelines, physical therapy is recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8 to 10 visits over 4 weeks. The clinical information submitted for review indicates that the patient was previously approved for 10 physical therapy visits. The clinical information submitted indicates that the patient made significant gains in function with his initial course of therapy, including a 50-60% improvement in grip strength, and increased ability to perform his activities of daily living. Due to the documented evidence of significant functional gains made with previous therapy, additional visits to address his remaining deficits are supported.