

<b>Case Number:</b>	CM13-0062506		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/09/2013
<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 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 underlying date of injury in this case is 12/21/2011. This patient is being treated for chronic neck pain with underlying cervical degenerative disc disease and radicular symptoms. This patient previously received at least 22 physical therapy visits. On 11/05/2013, a primary treating physician PR-2 report noted the patient complained of continuing neck pain and radicular symptoms with increased depression and anxiety. The patient had a positive Spurling test with rhomboid spasm and paraspinal pain as well as trapezius tightness with limited range of motion. The treating physician requested cervical physical therapy and further followup.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 PHYSICAL THERAPY VISITS FOR CERVICAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines, section on physical medicine, recommends that a patient transition to active independent home rehabilitation. This patient previously received extensive physical therapy. The records do not provide a rationale as to why

this patient would require additional supervised therapy as opposed to independent home rehabilitation. This request is not medically necessary.