

<b>Case Number:</b>	CM13-0068934		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 patient is a 48-year-old female who reported an injury on 04/10/2013. The patient stated that when she was walking out of a supply room and pushed open the door, the door struck a cart and bounced back, striking her in the face. At the time of the incident, the patient complained of a mild headache, upper back pain, neck pain and orbital tenderness. The patient was reportedly seen again on 04/15/2013 for a re-evaluation, stating that she had been off work and was feeling better although the examination revealed tenderness and spasms of the bilateral trapezial areas. The patient underwent a CT scan of the head and face, which was found to be negative. The patient continued to be seen throughout 2013 for continued left upper extremity symptoms as well as neck pain. The patient was seen most recently on 10/15/2013 for complaints of occasional minimal to moderate neck pain. On the physical examination, the patient had tenderness to the bilateral upper trapezia musculature, no decreased range of motion with normal grip strength of 5/5 and symmetrical bilaterally. The patient's surgical history included a cervical spine fusion at C5-6 in 2007 and a lumbar spinal fusion at the L5-S1 level in 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for physical therapy times 8, according to the California MTUS Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients are recommended for 9 to 10 visits over 8 weeks for myalgia and myositis, unspecified; and for neuralgia, neuritis and radiculitis, unspecified, they are recommended for 8 to 10 visits over 4 weeks. However, the physician has failed to indicate for which body part the physical therapy is intended to treat. Furthermore, there is nothing in the documentation indicating that the patient has functional deficits, to include decreased range of motion, increased pain or an inability to perform activities of daily living, necessitating physical therapy at this time. Therefore, the request for physical therapy times 8 cannot be supported.