

<b>Case Number:</b>	CM13-0070504		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/27/2007
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 & Rehabilitation and is licensed to practice in Minnesota. 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 injured worker reported an injury on 10/27/2007. The mechanism of injury was not stated. Current diagnoses include myofascial sprain/strain of the cervical spine, degenerative disc disease of the cervical spine, and C5-6 radiculopathy. The injured worker was evaluated on 08/09/2013. The injured worker reported persistent neck pain with difficulty swallowing. The injured worker was currently participating in physical therapy. Current medications included Prilosec and Voltaren gel. The injured worker was also utilizing a TENS unit. Physical examination revealed tenderness in the cervical spine with stiffness, painful cervical range of motion, and pain in the C5-6 distribution. It is noted that the injured worker underwent an EMG study on an unknown date, which indicated normal findings. Treatment recommendations at that time included the continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1 X PER WEEK X 6 WEEKS; CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. The injured worker does demonstrate painful range of motion of the cervical spine with tenderness to palpation and radicular pain. However, there is no documentation of the previous course of physical therapy with evidence of objective functional improvement. Therefore, the request for physical therapy 1 x per week x 6 weeks is not medically necessary and appropriate.