

<b>Case Number:</b>	CM14-0000970		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 injured worker is a 29 year old male who reported an injury on 11/09/2010. The mechanism of injury was not provided. Per the 10/23/2013 clinical note, the injured worker reported continued posterior and left sided neck pains radiating down into the deltoid. Objective findings included 2+ reflexes and 5/5 strength in the upper and lower extremities, and negative Hoffman's and Spurling's signs. Examination of the cervical spine showed no tenderness to palpation, pain, or spasm, and normal sensation. Cervical range of motion was noted at 60 degrees of flexion, 20 degrees of extension, 70 degrees of right and left rotation, and 45 degrees of right and left lateral flexion. The injured worker's diagnoses included degenerative disc disease, cervical. Treatment to date included medications and physical therapy. The request for authorization form for additional physical therapy was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY 12 SESSIONS 2 TIMES PER WEEK FOR 6 WEEKS FOR THE CERVICAL:** Upheld

**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:** The request for outpatient physical therapy 12 sessions 2 times per week for 6 weeks for the cervical spine is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis with the fading of treatment frequency, plus active self-directed home physical medicine. The medical records provided indicate the injured worker has had prior physical therapy for the cervical spine in early 2013. The injured worker completed 6 physical therapy sessions and was approved for an additional 8 sessions. It is unclear if the additional sessions were completed. There is a lack of documentation to evaluate functional improvement and pain relief from prior therapy. The injured worker demonstrated no neurological deficits on physical examination to warrant additional therapy. In addition, the current request of 12 sessions exceeds guideline recommendations. As such, the request is not medically necessary.