

<b>Case Number:</b>	CM14-0002036		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational Medicine 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:

This is a 47 year-old male who has reported back, neck and shoulder pain after an injury on 10/10/13. He has been diagnosed with sprain/strain of the shoulder and spine. He was initially treated at an occupational medicine clinic, and treatment included a course of 6 visits of physical therapy, modified work status, and ibuprofen. As of 11/11/13 he was on modified work, was improved, and additional physical therapy was prescribed. It appears that the injured worker then became represented and subsequent care was with other treating physicians. The injured worker was apparently seen by a chiropractor. On 12/18/13 the treating chiropractor requested 18 visits of physical therapy as requested by another physician, with listed diagnoses for the neck, shoulder, and low back. A specific evaluation by the chiropractor was not available for review. On 12/2/13 the injured worker was seen by an orthopedist. One of the recommended treatments was physical therapy. Per prescriptions from the treating orthopedic surgeon dated 12/16/13, the injured worker was temporarily totally disabled, and physical therapy was prescribed for 18 visits to treat the shoulder and entire spine. The physical therapy prescription was for evaluation and treatment, and education. There was no mention of the prior course of physical therapy. On 12/27/13 Utilization Review non-certified 18 visits of physical therapy, noting the lack of sufficient clinical information to determine medical necessity. This Utilization Review decision was appealed for an Independent Medical Review, with the treating chiropractor listed as the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE CERVICAL SPINE, 3 TIMES A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguidelines.org/Cervical and Thoracic Spine](https://www.acoempracguidelines.org/Cervical%20and%20Thoracic%20Spine); Tabel 2, Summary Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298; 173; 203,Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on the date of injury and the date of the treatment request, the injured worker is not in the chronic pain phase of injury. He has not failed usual treatment and it is too soon to state that pain has continued past the expected time of healing. Therefore, the acute pain portion of the MTUS was used to determine medical necessity. The ACOEM Guidelines, page 298, low back; page 173 cervical spine and upper back; page 203, shoulder; recommend a few visits with a physical therapist for instructions in self care and exercise. After a few physical therapy visits, patients should be able to exercise and perform self-care independently. The 6 visits of physical therapy already completed should be adequate to fulfill the recommendations of the ACOEM Guidelines. The treating physician has not addressed the results of this prior physical therapy, or provided reasons why further treatment with this modality is indicated. This injured worker should have had sufficient experience with physical therapy to perform independent exercise and self care now. Current work status is "temporarily totally disabled", which implies a profound inability to perform most activities of daily living and a failure of treatment to date. "Temporarily totally disabled" work status also does not represent a valid baseline assessment of function for a treatment plan focused on functional restoration. No additional physical therapy is medically necessary based on completion of a course of physical therapy in compliance with the MTUS, lack of sufficient focus on functional restoration, and lack of specific medical necessity for another course of physical therapy. The request for Physical Therapy for the Cervical Spine, 3 Times a Week for 6 Weeks is not medically necessary.