

<b>Case Number:</b>	CM14-0005163		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Orthopaedic Surgery and is licensed to practice in California and Nevada. 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 claimant is a 46-year-old male who was injured on February 23, 2011 following an explosion at the claimant's place of employment. This required subsequent hospitalization for management of multiple burns. A clinic note from November 2013 indicates the claimant presents with continual neck pain rated as 3-5/10. The claimant initially starts therapy, but discontinued it secondary relocation. The examination of the cervical spine reveals tenderness palpation in the paraspinal musculature, diminished range of motion in all planes, but normal sensation and motor examine the upper extremities. Previous MRI (magnetic resonance imaging) of the cervical spine demonstrates facet arthropathy at C3-C6. Additionally, the claimant is documented as recreationally using cocaine. The review in questions is from December 30, 2013. The denial is based on a lack of physical therapy documentation submitted and an inability to determine if plateauing or progress has been achieved. The reviewer further sites that the claimant should be proficient in a home exercise program and that the medical necessity of this request is unsupported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY CERVICAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

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

**Decision rationale:** The MTUS supports the use of physical therapy in the management of chronic pain including myalgia and radiculitis. Based on the clinical documentation provided, there is no evidence radiculopathy on examination and the upper extremity exam demonstrates normal motor and sensory function. There is documentation of tenderness to palpation about the cervical paraspinous musculature, but the claimant is documented as having previously undergone physical therapy and discontinuing it. There is no indication if any improvement was gained from those sessions. Additionally, when taking into account the date of injury and the subsequent therapy following that injury the claimant is likely very familiar with a home exercise program. As such, the request is not medically necessary and appropriate.