

<b>Case Number:</b>	CM14-0005428		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/04/2009
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 & 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 54-year-old male with a reported date of injury on 01/04/2009. The mechanism of injury was reportedly caused by repetitive movement. The injured worker complained of cervical spine and bilateral upper extremity pain. The MRI (magnetic resonance imaging) in 2009, revealed chronic myoligamentous cervical spine strain/sprain and cervical spondylosis. The injured worker was treated with acupuncture, transcutaneous electrical nerve stimulation (TENS), home exercise and cervical epidural steroid injections in 2009. According to the clinical note dated 12/10/2013, the injured worker's physical examination revealed normal gait with tenderness to palpation of the cervical and upper thoracic paraspinous region. The injured worker had a "loss" of cervical motion, and "good" strength throughout the upper extremities. The injured worker's diagnosis included cervical spondylosis without myelopathy. The injured worker's medication regimen included Vicodin, volteran gel and Norco. The request for authorization for physical therapy 2xwk x 4wks cervical spine was submitted but not signed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 4WKS CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The CA MTUS guidelines recommend passive therapy to provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing in soft tissue injuries. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, there is a lack of documentation regarding previous physical therapy. In addition there is a lack of documentation provided of objective functional deficits. The clinical information provided for review lacks documentation for range of motion values, recent surgical procedures and goals for the request of physical therapy. Therefore, the request for physical therapy 2xwk x 4wks cervical spine is non-certified.