

<b>Case Number:</b>	CM14-0008236		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine, has a subspecialty in Physical Medicine and Rehabilitation, and is licensed to practice in Arizona. 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 patient is an 81-year-old male with a date of injury on 10/31/1994. He has history of neck, low back and knee pain for many years. He suffered work-related injuries several years ago. MRI (magnetic resonance imaging) of the cervical spine in 2004 showed multilevel disc degeneration and foraminal stenosis. He was seen by the treating physician on 11/1/13, and was complaining of neck and back and knee pain. Examination according to the medical records revealed pain at the terminal range of motion of the neck with approximately 15% diminished range of motion. The patient was subsequently placed on Ultram and Flexeril for pain and muscle spasms. Recommendations were provided which consisted of 12 visits of physical therapy for the neck, an MRI of the lumbar spine and total knee arthroplasty. The medical reviewer on 11/22/13 did not approve 12 visits of outpatient physical therapy for the neck because of lack of documentation to quantify for physical therapy based on evidence guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 INITIAL PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE (2) TIMES A WEEK FOR (6) WEEKS AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Cervical and Thoracic Spine Disorders.

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

**Decision rationale:** From the medical records submitted for review, adequate documentation is not present to justify supervised physical therapy for 12 visits. The physician's visit on 11/1/13 states that patient is persisting symptoms in the neck and back. The patient cannot walk any distance comfortably because of the knee pain. Neck examination showed pain at the terminal range of motion with approximately 15% diminished terminal range of motion. Lumbar spine reveals tenderness in right and left paraspinal musculature. While physical therapy particularly active physical therapy is a good modality for arthritis and neck and back pain. However, in this particular case, adequate documentation regarding the need for supervised physical therapy and ultimate goals are not stated.