

<b>Case Number:</b>	CM14-0008635		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/29/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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:

The patient is a 40-year-old male who has submitted a claim for neck sprain and neck strain associated with an industrial injury date of December 29, 2012. Medical records from 2013 were reviewed showing that the patient complained of persistent neck and shoulder pain with stiffness. On physical examination, tenderness was noted at the C-spine and Left shoulder. MRI of the left shoulder done on June 29, 2013 showed acromioclavicular joint osteoarthritis and tendinosis of the supraspinatus. MRI of the C-spine with flexion-extension showed disc dislocation at C2-C3 down to C6-C7 and multilevel degenerative changes at the levels of C2-C3 and C4-C5. Treatment to date has included 12 sessions of Physical Therapy and medications Utilization review from January 6, 2014 denied the request for 12 ADDITIONAL PHYSICAL Therapy Sessions for the Cervical Spine, 2X6 weeks because it was not clear from the current notes why additional Physical Therapy would provide any benefit as the patient already failed previous PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE, 2X6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Table 2.

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification, and monitoring from the treating physician regarding progress are paramount. In this case, patient completed 12 sessions of Physical Therapy (PT). Medical records submitted and reviewed failed to provide evidence of limitation in activities of daily living that would warrant additional treatment sessions. Likewise, patients are expected to continue active therapies at home in order to maintain improvement levels. The patient should be well-versed in a self-directed home exercise program by now. Therefore, the request for 12 Additional Physical Therapy Sessions for the Cervical Spine, 2X6 weeks is not medically necessary.