

<b>Case Number:</b>	CM14-0107916		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/26/2000
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and 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 44-year-old male who reported an injury on 01/26/2000 while being involved in a head on collision, sustaining injuries to the neck, mid back, and lower back. The injured worker complained of neck and back pain. The diagnoses included cervicalgia, lumbosacral spine lumbago, and status post injuries soft tissues. Past treatment include moist heat, IFC, ultrasound myofascial release, therapeutic exercises, home exercise program, ice therapy, and physical therapy 12 sessions. The physical assessment of the cervical spine, dated 06/16/2014, revealed soreness to the left trapezius and a 1 to 1.5 cm depression to the right trapezius, range of motion flexion 30 degrees, extension 20 degrees, intact motor and sensory, negative Spurling's. The medications included Ultracet, 4 times a day. The treatment plan included further therapy to the cervical dorsal spine. The Request for Authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy; Three (3) Times A Week for Four (4) Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The request for Physical Therapy; Three (3) Times A Week for Four (4) Weeks is not medically necessary. The California MTUS state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker has already received 12 visits of physical therapy and the request is for another 12 visits, which exceeds the guidelines. As such, the request is not medically necessary.