

<b>Case Number:</b>	CM14-0112430		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 49-year-old female who reported an injury on 04/30/2014. The injured worker reportedly suffered a head, neck, and left shoulder injury when she was assaulted by a resident. Current diagnoses include skull contusion, headaches, and contusion of the left cervical spine and trapezius muscle. Previous conservative treatment includes physical therapy and medication management. The injured worker was evaluated on 06/04/2014 with complaints of constant headaches, stiffness in the neck and bilateral shoulders, and activity limitation. The physical examination revealed left paravertebral tenderness with guarding and left trapezius tenderness, limited cervical range of motion, normal motor strength in the upper extremities, and intact sensation. X-rays obtained in the office on that date indicated mild degenerative changes at C5-7. X-rays of the bilateral shoulders indicated normal findings. Treatment recommendations at that time included additional physical therapy. There was no Request for Authorization form submitted for this review.

### 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 six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, there is no evidence of objective functional improvement following the initial course of physical therapy. It was documented on a previous physician progress report dated 05/21/2014 the injured worker reported no improvement in symptoms with physical therapy. There is also no specific body part listed in the current request. As such, the request is not medically necessary.