

<b>Case Number:</b>	CM14-0120970		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Nevada. 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 records presented for review indicate that this 24-year-old female was reportedly injured on April 6, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 28, 2014, indicated that there were ongoing complaints of worsening neck pain. The physical examination demonstrated a 120 pound individual who was normotensive (148/76). There was tenderness to palpation of the cervical spine and proximal shoulders. Spurling's test was negative. Grip strength was 5/5 in bilateral upper extremities. No sensory losses were identified. Diagnostic imaging studies objectified minimal, ordinary disease of life degenerative disc protrusions at multiple levels. Previous treatment included multiple medications, physical therapy and conservative interventions. A request was made for additional physical therapy and was not certified in the pre-authorization process on June 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy Lumbar/ Cervical 2 times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** As outlined in the ACOEM guidelines, one or two separate sessions of physical therapy are supported to initiate a home exercise protocol. Thus, when noting the physical examination reported and by the metaphysical therapy order completed and taking the consideration of the parameters noted in the ACOEM guidelines, there is insufficient clinical data presented to support this request. The medical necessity has not been established.