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| <b>Case Number:</b>   | CM14-0124956 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 05/10/2014 |
| <b>Decision Date:</b> | 09/17/2014   | <b>UR Denial Date:</b>       | 07/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2014 |

### 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 Family 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:

This injured worker's date of injury is 05/10/2014. Seven pages of documents are provided for review, including the treating physician's handwritten Progress Report (PR-2) dated 07/01/2014. The data on this form is 80% illegible. There is no history of the injury, no readable physical exam, and no description of imaging or diagnostic tests. The diagnosis is illegible. One can make out that the patient did receive some amount of physical therapy. The request is for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical Therapy visits to the Neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The clinical information necessary to approve this request is missing. The history of the injury, the findings on physical exam, results of diagnostic studies, the clinical diagnosis, and the specific treatments tried and failed are not provided. Treatment guidelines require a fading of physical therapy to a program of self-directed home exercises. Twelve (12)

Physical Therapy visits to the Neck are not medically necessary and appropriate based on a review of the clinical data provided.