

<b>Case Number:</b>	CM14-0145101		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/29/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old male with a work injury dated 12/29/09 that occurred while he was driving a forklift, driving a concrete truck, rocking back and forth, and hurt his neck. The medical records were reviewed. He is noted to have had 24 sessions of chiropractic therapy, corticosteroid injections and acupuncture. The diagnoses include chronic muscle sprain cervical spine and degenerative disc disease spondylosis cervical spine. Under consideration are requests for physical therapy three times a week for four weeks for the cervical spine. There is a 7/30/14 progress note that states that the patient feels improved with his physical therapy to his neck especially several days after his treatment. He is tensioned to the neck upon forceful gripping and grasping unable to sleep comfortably last night secondary to neck pain. On exam grossly loose asymmetry flexion 30 degrees with tension to the right paracervical musculature tension at 20 degrees with tension to the left paracervical and trapezius muscle lateral rotation at 70/75 with tightness and tension on to the left trapezius. Neurologically intact to motor and sensation. The treatment plan is discontinue Fexmid, try Tramadol, continue exercises and there is a request for 12 more physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three times a week for four weeks for the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

**Decision rationale:** Physical therapy three times a week for four weeks for the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 physical therapy visits for this condition. The documentation indicates that the patient has had prior therapy for the neck. An additional 12 would further exceed the guideline recommendations. There are no extenuating factors submitted which require 12 more supervised therapy sessions. The patient should be versed in a home exercise program. The request for physical therapy three times a week for four weeks for the cervical spine is not medically necessary.