

<b>Case Number:</b>	CM14-0159952		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

Patient is a 51-year-old female who has submitted a claim for lumbar degenerative intervertebral disc disorder, chronic pain syndrome, neck sprain/strain, and thoracic sprain/strain associated with an industrial injury date of 3/7/2011. Medical records from 2012 to 2014 were reviewed. Patient complained of chronic neck pain radiating to the right shoulder. Physical examination showed restricted motion of the cervical spine, and paracervical muscle tenderness. The most recent progress report available for review was dated 3/13/2014. Treatment to date has included 5 sessions of physical therapy, group psychotherapy, and medications. Utilization review from 9/10/2014 denied the request for Physical therapy for neck 2x per week for 3 weeks because of no evidence of functional improvement from previous sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for neck 2x per week for 3 weeks:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis. In this case, patient completed 5 sessions of physical therapy. However, functional improvement from previous sessions was not documented. Moreover, the current clinical and functional status of the patient is unknown; the most recent progress report available for review was dated 3/13/2014. The medical necessity cannot be established due to insufficient information. Therefore, the request for physical therapy for neck times per week for 3 weeks is not medically necessary.