

<b>Case Number:</b>	CM14-0173042		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/18/1999
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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; Preventive Medicine and is licensed to practice in Iowa. 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 is a 65 year old patient with date of injury of 09/18/1999. Medical records indicate the patient is undergoing treatment for lumbro spondylosis without myelopathy; cervicgia; brachial neuritis or radiculitis nos; thoracic/lumbosacral neuritis/radiculitis unspec and unspecified disorders bursae & tendons shoulder region. Subjective complaints include neck and back pain rated 1-6/10, night time difficulties due to pain twisting or turning the neck side to side, aggravating factors include: pushing or pulling, lifting, prolonged sitting in the wrong position. Objective findings include moderate tightness in the paracervical musculature bilaterally and in the trapezius bilaterally, rated moderate, decreased kyphosis, prominence in the right clavicle when compared to left, tenderness to palpation of the interscapular area. Treatment has consisted of physical therapy, TENS unit, Motrin 800mg three times daily, Ultram 150mg as needed . The utilization review determination was rendered on 09/29/2014 recommending non-certification of 8 Additional Physical Therapy Visits for The Cervical Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Physical Therapy Visits for The Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, ODG Preface - Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG states "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG recommends for sprain and strains of the neck 10 visits over 8 weeks. Additionally guidelines state "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices". This patient has already had numerous physical therapy sessions and should be well educated to maintain a home exercise program. The treating physician has not provided documentation of why a home exercise program is not sufficient. The treating physician provided no evidence of a new injury or re-injury. As such the request for 8 Additional Physical Therapy Visits for The Cervical Spine.