

<b>Case Number:</b>	CM14-0024201		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 21 year old female. She had a work injury dated 10/18/12 when she slipped on object hit nose and face on car door. Her diagnoses include cervicalgia, cervical disc displacement, and chronic head injury without loss of consciousness. Her treatment has included; medications, Physical Therapy, Acupuncture, dental evaluation and cervical facet block on 12/16/13. Cervical radiofrequency ablation was also certified on 1/17/14. Per documentation submitted the patient has already had 14 PT visits for her condition. There is a request for the medical necessity of physical therapy cervical. There is an 11/27/13 primary treating physician progress report that states that the patient complains of cervical spine pain, headaches, blurry vision, and memory problems. The patient wants PT. The documentation does not indicate that the patient is participating currently in a home exercise program. There are objective findings include that the patient has normal memory, concentration, attention. She moves without assistive device without difficulty. She has a normal gait. She has no problem sitting, standing, becoming recumbent, and climbing onto exam table. Her posture is erect. She appears mildly distressed and frustrated. The treatment plan is to continue medications, receive PT 3 x 4 weeks. The patient is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY CERVICAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Physical therapy cervical is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits of physical therapy for this condition. The patient has already exceeded this number of visits. The documentation submitted does not reveal efficacy of prior therapy. The patient should be well versed in a home exercise program at this point. There are no extenuating physical exam findings or other documentation that would indicate an extenuating circumstance that would require additional cervical physical therapy. Furthermore, the request does not indicate a duration of physical therapy. The request for physical therapy for cervical spine is not medically necessary.