

<b>Case Number:</b>	CM14-0025259		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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:

The injured worker is a 58-year-old female who reported an injury on 11/27/2013. The mechanism of injury reportedly occurred when she fell on her back and hit her head. The diagnoses included cervical strain/sprain, shoulder strain/strain, lumbago. Prior conservative treatments included acupuncture, MRI, and CT. Within the clinical note dated 01/10/2014, the injured worker complained of significant neck pain and stiffness. She reported pain and numbness radiating into both hands. The injured worker complained of lower back pain, as well as hip pain and stiffness. The current medication regimen was cyclobenzaprine, naproxen, and tramadol. Upon physical examination, the provider noted bony tenderness over the posterior midline of the neck. The muscle tone of the trapezius was increased, with tenderness upon palpation. The examination of the neck revealed painful range of motion with flexion at 10 degrees and extension at 10 degrees. The provider noted tenderness to palpation of the clavicle. Upon examination of the lumbar spine, the provider noted no weakness. Reflexes were equal bilaterally. There was tenderness to palpation on the bilateral sacroiliac joint area with painful forward flexion and extension. Within the clinical note dated 03/26/2014, the injured worker complained of pain in her neck with stiffness, as well as lower back pain and stiffness. The injured worker reported pain and numbness radiating down the right leg. The provider noted tenderness to palpation on the coccyx and patellar deep tendon reflexes of 4/4. The provider requested physical therapy 3 times a week for 3 weeks for the cervical spine. However, a rationale was not provided for review. The request for authorization was not submitted with the clinical documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3X3 CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Cervical and Thoracic.

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

**Decision rationale:** The request for physical therapy 3 times a week for 3 weeks for the cervical spine is not medically necessary. The injured worker complained of significant neck pain and stiffness with numbness radiating down to both hands. The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines state injured workers are instructed and expected to continue active therapies at home as an extension of the healing process in order to maintain improvement levels. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the injured worker plans to participate in an active self-directed home physical medicine. There is a lack of documentation regarding significant functional deficits requiring additional therapy. Therefore, the request for physical therapy 3 times a week for 3 weeks for the cervical spine is not medically necessary.

**PHYSICAL THERAPY 3X3 LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Lumbar and Thoracic Spine.

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

**Decision rationale:** The request for physical therapy 3 times a week for 3 weeks for the lumbar spine is not medically necessary. The injured worker complained of significant neck pain and stiffness with numbness radiating down to both hands. She also complained of lower back and hip pain with stiffness. The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines state injured workers are instructed and expected to continue active therapies at home as an extension of the healing process in order to maintain improvement levels. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. There provider failed to provide documentation indicating the injured

worker to have significant objective functional deficits. There is lack of documentation indicating the injured worker plans to participate in an active self-directed home physical medicine. Therefore, the request for physical therapy 3 times a week for 3 weeks for the lumbar spine is not medically necessary.