

<b>Case Number:</b>	CM14-0027066		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/30/2007
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 69-year-old male with a reported injury on 04/30/2007. The mechanism of injury was not provided within the clinical notes. The physical therapy note dated 02/04/2013 reported that the injured worker complained of cervical neck pain with limited positional tolerance secondary to weak neck stability. The physical examination of the injured worker's cervical spine demonstrated extension to 48 degrees, flexion to 45 degrees, active rotation left 62 degrees, and active rotation right 63 degrees. The injured worker's diagnoses included cervicgia. The injured worker's prescribed medication list was not provided within the clinical note. The clinical note dated 10/11/2013 reported that the injured worker complained of neck pain. The physical examination of the injured worker's cervical spine demonstrated range of motion that was restricted with myofascial spasms present in the cervical region. Upper extremity strength testing remained 5/5; neurovascular was within normal limits. The provider requested additional physical therapy; the rationale was not provided within the clinical notes. The request for authorization was submitted 02/20/2014. The injured worker's prior treatments included previous physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X/WEEK FOR 6 WEEKS:** Upheld

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

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

**Decision rationale:** The injured worker complained of cervical spine pain. The treating physician's rationale for additional physical therapy was not provided within the clinical notes. The California MTUS Guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. As such, the request is not medically necessary.