

<b>Case Number:</b>	CM14-0028568		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Pain Management, and is licensed to practice in Minnesota. 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 45-year-old who reported an injury on September 1, 2013 when he tried to reposition a paralyzed patient. The injured worker was placed on conservative care including physical therapy. The physician prescribed Soma after diagnosing trapezius strain, cervical strain, spasmodic torticollis, cervical arthritis, and neck pain; pain was initially assessed at 7/10 and described as "moderate in intensity, intermittent, sharp with tightness." The physician assessed the injured worker's range of motion as having full range of motion with extension for right-side lateral flexion and right-side rotation; there was limited active range of motion with extension for left-side lateral flexion and rotation. The neck presented with decreased range of motion with forward flexion and left lateral flexion as well as leftward rotation; pain is associated with neck forward flexion, right lateral flexion and rightward rotation. The injured worker received 12 sessions of physical therapy. At the beginning, flexion was 30 degrees and concluded at 66 degrees with grinding. Extension started at 40 degrees and concluded at 65 degrees. Right side bend started at 12 degrees and concluded at 38 degrees with tightness. Left side bend started at 15 degrees and concluded at 30 degrees. Right side rotation started at 30 degrees and concluded at 74 degrees with soreness. Left side rotation started at 28 degrees and concluded at 65 degrees with soreness. Pain had dropped to 3/10 during the day but would jump to 10/10 disturbing the sleep of the injured worker forcing him to rely on pain medication to mediate pain. After 12 sessions of physical therapy the injured worker still presents with minimal relief for pain or activities. The physician is requesting six additional sessions of physical therapy. The request for authorization form was signed and dated on February 14, 2014 and is provided for review. The rationale was not presented for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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

**Decision rationale:** The injured worker received conservative care including medication for pain, twelve sessions of physical therapy and a cervical spine MRI that indicated no injury to the cervical spine. The Chronic Pain Medical Treatment Guidelines state we must allow for fading of treatment frequency (from up to three visits per week to one or less) for four to five sessions over eight weeks, plus active self-directed home Physical Medicine. The physician's request for six sessions exceeds the guideline limits; further, the request is non-specific as to the affected areas receiving physical therapy. The injured worker is still presenting with pain values of 10/10 disturbing sleep. During waking hours, pain was reduced from 7/10 to 3/10. Left side bend started at 15 degrees and concluded at 30 degrees. Right side rotation started at 30 degrees and concluded at 74 degrees with soreness. Left side rotation started at 28 degrees and concluded at 65 degrees with soreness. While range of motion has improved over the twelve sessions of physical therapy, pain management is still handled with medication, the physician is seeking a greater number of sessions for physical therapy than Chronic Pain Medical Treatment Guidelines allow without addressing areas of complaint that would be addressed. The request for six sessions of physical therapy is not medically necessary or appropriate.