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| <b>Case Number:</b>   | CM14-0029216 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 01/11/2011 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 02/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/07/2014 |

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported an injury on 01/11/2011. The mechanism of injury was not provided. On 02/04/2014, the injured worker presented with neck complaints. Upon examination, the injured worker had tenderness to palpation of the cervical spine, a 50% reduction of neck motion secondary to spasm, and decreased cervical lordosis, strength 4/5 of the left upper extremity, decreased sensation of the left hand, 4th and 5th digits, and a normal neurovascular exam. Prior therapy included medications. The diagnoses were status post cervical fusion with persistent radicular pain to the left upper extremity. The provider recommended physical therapy for the cervical neck x12, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the cervical neck # 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TITLE 8. INDUSTRIAL RELATIONSDIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONSCHAPTER 4.5. DIVISION OF WORKERS' COMPENSATIONSUBCHAPTER 1. ADMINISTRATIVE DIRECTOR -- ADMINISTRATIVE RULESARTICLE 5.5.2 MEDICAL TREATMENT UTILIZATION SCHEDULE. Decision based on Non-MTUS Citation

OFFICIAL DISABILITY GUIDELINES-TREATMENT IN WORKERS COMPENSATION  
Neck and Upper Back Procedure Summary.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) 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. Activity therapy requires an internal effort by the individual to complete a specific exercise or task. Injured worker's are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The provider's request for 12 physical therapy visits exceeds the recommendations of the guidelines. Additionally, injured workers are instructed and expected to continue active therapies at home, there is no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request also does not indicate the frequency of the physical therapy visits in the request as submitted. As such, the request is not medically necessary and appropriate.