

<b>Case Number:</b>	CM14-0030216		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & 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 52-year-old female with a reported date of injury on 05/26/2013. While folding a table, the injured worker was using her right leg to fold the table. She lost her balance and fell backwards flat onto the carpet. The injured worker had a physical examination on 11/07/2013 where it was noted the injured worker was having ongoing physical therapy and has had 4 total for the second round of physical therapy. The injured worker stated her pain was only with certain movements, 3/10 to 4/10 at the worst. Examination of the neck showed moderate tenderness with palpation along the left paraspinal and trapezius muscles, mild to moderate pain with endpoint rotation to the left, slight limited motion to the left, and no pain with rotation to the right. The patient stated she continued to feel that she is improving. Cervical range of motion active flexion was to 60 degrees, active rotation to the left was to 70 degrees, and active rotation to the right was to 70 degrees. The injured worker's medications were not reported. Diagnosis for the injured worker was neck strain. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 physical therapy sessions to the cervical spine 1 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

**Decision rationale:** The request for 4 physical therapy sessions to the cervical spine 1 time a week for 4 weeks is not medically necessary. The California Medical Treatment Utilization Schedule states physical therapy is recommended. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms, such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. 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. 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 in functional activities with assistive devices. There were 20 physical therapy session reports submitted with the documents for review. All of the diagnoses in the reports were cervicalgia. The only medication mentioned that the injured worker was taking was Voltaren gel as directed. Diagnostic studies were not submitted for review. The injured worker reported that the range of motion and the pain in her neck was improving. The medical necessity for the physical therapy was not reported. Medications tried and failed were not reported. Therefore, the request is not medically necessary.