

<b>Case Number:</b>	CM14-0030659		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/14/1999
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 48-year-old female whose date of injury is 06/14/1999. On this date a client fell on her while performing x-ray evaluation. Cervical magnetic resonance imaging dated 12/11/13 revealed cervical spondylosis with reversal of the physiologic curvature; grade 1 anterolisthesis suggested at the L4-5 level with mild canal stenosis noted at the C5-6 level. Note dated 01/02/14 indicates that she states she had prior physical therapy without significant progress. Progress report dated 02/24/14 indicates that the injured worker complains of cervical spine pain. She complains of left upper extremity paresthesias. Diagnoses are cervical spinal stenosis, cervical spine pain, and degenerative disc disease of the cervical spine.

### 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 SPINE 3 SESSIONS PER WEEK FOR 6 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The submitted records indicate that the injured worker underwent prior physical therapy without significant relief. The injured worker was subsequently authorized for 10 additional sessions of physical therapy in February 2014. The injured worker's objective functional response to this treatment is not documented. California Medical Treatment Utilization guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Based on the clinical information provided, the request for physical therapy for the cervical spine 3 sessions per week for 6 weeks is not recommended as medically necessary.