

<b>Case Number:</b>	CM14-0033908		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Orthopedic Surgery 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 49-year-old female who was reportedly injured on April 11, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 5, 2014, indicated there were ongoing complaints of cervical spine pain radiating to the bilateral hands and lumbar spine pain radiating to the left leg. The physical examination demonstrated limited cervical spine range of motion and tenderness over the paravertebral muscles. There was a positive Spurling's test to the right side. Examination of the lumbar spine also noted decreased range of motion and tenderness over the paraspinal muscles. There was a positive left sided straight leg raise and a normal lower extremity neurological examination. Diagnostic imaging studies objectified multilevel cervical spondylosis of the cervical spine mostly pronounced at C3-C4, C4-C5 and C5-C6. Upper extremity nerve conduction studies were normal. Previous treatment included physical therapy for the cervical spine, lumbar spine and left shoulder. A request was made for twelve sessions of physical therapy for the cervical and thoracic spine and was not certified in the pre-authorization process on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks, 12 sessions, for the cervical and thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 58-59.

**Decision rationale:** The medical record did indicate the injured employee has previously participated in physical therapy for the cervical spine and lumbar spine; however, there was no documentation as to the efficacy of these visits. No specific justification was provided for additional physical therapy. However, as the injured employee has previously participated in physical therapy, she should be well-versed in what is expected of therapy for the cervical and lumbar spine and should be able to continue this on her own at home with a home exercise program. Therefore, the request for physical therapy 2 times a week for 6 weeks, 12 sessions, for the cervical and thoracic spine is not medically necessary.