

<b>Case Number:</b>	CM14-0035660		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/16/2007
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 57-year-old female who was reportedly injured on October 16, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 25, 2014 indicated that there were ongoing complaints of neck pain. The physical examination demonstrated full cervical spine range of motion and muscle strength of 5/5. Neurological deficits were stated to be normal in the extremity examination; however, no extremity examination was included. Physical therapy for the neck was recommended as it was stated that have helped in the past. Diagnostic imaging studies were not reviewed during the visit. A request made for physical therapy for the cervical spine and lumbar spine twice a week for four weeks was not certified in the pre-authorization process on March 4, 2014.

### 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 and Lumbar Spine 2 x week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; www.odg-twc.com;Section: Low Back, Section: Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy.

**Decision rationale:** According to the Official Disability Guidelines, physical therapy for sprains and strains of the cervical and lumbar spine should be limited to 10 visits over eight weeks. The injured employee has stated to have previously participated in physical therapy although it is unknown how many visits were attended or what objective benefits it has provided. Without prior physical therapy information, justification for additional therapy cannot be made. Therefore, the request for physical therapy for the cervical spine and lumbar spine twice a week for four weeks is not medically necessary.