

<b>Case Number:</b>	CM14-0039025		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Internal Medicine 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 patient is a 50 year old female who was injured on 04/10/2013. She sustained an injury when she backed up in her golf cart and hit a car that was trying to go around her. Prior treatment history has included physical therapy. The progress note dated 03/06/2014 states the patient reported neck pain. On exam, there was spasm noted. She was diagnosed with cervical strain. She was recommended for physical therapy 2x6. An orthopedic evaluation note dated 12/16/2013 indicates the patient was uncomfortable during the exam. There was left sided torticollis noted. She has marked muscle spasm in the left suboccipital region with diffuse tenderness of the paracervical and trapezius muscles on the left. She has a diagnosis of cervical myofascial strain and tension headaches. She was prescribed a muscle relaxant. A prior utilization review dated 03/25/2014 states the request for additional physical therapy to the cervical spine, 2 times a week for 6 weeks is not authorized as there is no documentation of functional improvement from previous sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the cervical spine, 2 times a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy (PT).

**Decision rationale:** As per the California MTUS guidelines, physical medicine 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. The ODG recommends 10-12 sessions of physical therapy for cervical neck pain. The patient is noted to have undergone previous physical therapy. However, the number of sessions and the response to therapy thus far are unclear. The documentation did not clearly indicate what specific improvements the patient has had from therapy. Also, there was not clear documentation of the specific deficits that required further therapy. Based on the guidelines and criteria as well as the clinical documentation, the request is not medically necessary.