

<b>Case Number:</b>	CM14-0043310		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/03/2003
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 and 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 underlying date of injury in this case is 06/03/2003. This patient's diagnosis is cervicgia. The physician office visits have not been included for review at this time. A prior physician review of 03/21/2014 noted that the patient previously reported he had 20% improvement for 6 sessions of physical therapy and was instructed in a home exercise program. The reviewer, therefore, concluded that additional physical therapy was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Continue Outpatient physical therapy to the cervical spine, 4 additional visits, submitted diagnosis pain, dysfunction, and degeneration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation [www.acoempracguides.org](http://www.acoempracguides.org).

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend transition to an independent home rehabilitation program. In this notably chronic time frame dating back over a decade, the patient would be anticipated to have transitioned by now to an

independent home rehabilitation program. If the patient instead required additional supervised therapy rather than home rehabilitation, then it would be necessary for the treating physician to document an office history and physical examination in order to clarify the rationale and goals of such additional therapy. Such clinical rationale is not documented at this time. As such, the request is not medically necessary.