

<b>Case Number:</b>	CM14-0049238		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/9/12. A utilization review determination dated 3/19/14 recommends modification from 12 PT visits to 6 visits. 12 PT visits were completed in 2012 with overall improvement. 3/11/14 chiropractic report identifies neck and thoracic pain. Spinal pain has improved approximately 40% and headaches have lessened approximately 40% in frequency. Some increased neck pain as she was traveling and slept in a different bed. On exam, there is moderate restriction of cervical ROM with tenderness and muscle guarding. The plan was to finish the last 3 of 12 visits (presumably chiropractic manipulation) and PT x 12 for deconditioning of spine and core.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy Visits For The Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Regarding the request for 12 Physical Therapy Visits For The Cervical Spine, California MTUS supports up to 10 sessions in the management of this injury and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, it is noted that the prior utilization review modified the request to certify 6 physical therapy visits. While a few PT sessions are appropriate to address deconditioning and teach an independent home exercise program, the proposed number of visits exceeds the recommendations of the California MTUS. In light of the above issues, the currently requested 12 Physical Therapy Visits for the Cervical Spine is not medically necessary.

**12 Physical Therapy Visits For The Thoracic Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Regarding the request for 12 Physical Therapy Visits For The Thoracic Spine, California MTUS supports up to 10 sessions in the management of this injury and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, it is noted that the prior utilization review modified the request to certify 6 physical therapy visits. While a few PT sessions are appropriate to address deconditioning and teach an independent home exercise program, the proposed number of visits exceeds the recommendations of the California MTUS. In light of the above issues, the currently requested 12 Physical Therapy Visits for the Thoracic Spine is not medically necessary.