

<b>Case Number:</b>	CM14-0052176		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, has a subspecialty in Nephrology, 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 57 year old female patient with a noted date of injury 08/20/2013 describing neck and left shoulder injury while working with a student with behavioral problems. Documentation described the student crying and grabbing the patient's neck with both hands and began banging his head on her chest. According to a progress report dated 3/13/14, the patient presented with left-sided neck pain. Objective findings: left paraspinal left upper trapezius muscle spasms with positive twitch responses. Diagnostic impression: degenerative cervical intervertebral disc, myofascial pain with trigger points, cervicgia, brachial neuritis/radiculitis. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/24/14 denied the request for physical therapy. The patient has previously completed six visits of physical therapy, but there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 times a week for 6 weeks for the neck:** Upheld

**Claims Administrator 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)- Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Neck Chapter - Physical Therapy

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, according to the UR decision dated 3/24/14, this patient has already completed 6 physical therapy sessions. Guidelines support up to 9 visits over 8 weeks. An additional 12 to 18 sessions would exceed guideline recommendations. In addition, there is no documentation of functional improvement from her prior physical therapy treatment. Furthermore, it is unclear why she has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical therapy 2-3 times a week for 6 weeks for the neck is not medically necessary.