

<b>Case Number:</b>	CM14-0052641		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	04/08/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 56 year old female who sustained an injury to her neck on 04/06/11 while performing her usual and customary duties as a merchandiser; she bent down and was injured. The injured worker was status post C6-7 fusion; however, the date of procedure was not noted in the records provided. CT scan of the lumbar spine dated 04/19/13 revealed stable anterior wedge compression deformity of T12 with approximately 50% anterior disc height loss and focal kyphosis; there were no acute osseous abnormalities; no evidence of pars defect; no significant osseous central canal or neural foraminal stenosis; severe facet arthropathy at L4-5 and L5-S1. Clinical note dated 03/21/14 reported that the injured worker continued to complain of intermittent neck pain at 2/10 VAS with occasional radiation into the trapezius muscles and bilateral upper extremities. The injured worker also complained of occasional bilateral wrist/hand pain. The injured worker noted that her neck, bilateral wrist/hand, and low back pain were feeling better since previous visit. Physical examination noted tenderness with paraspinal muscle spasms; range of motion 25 degrees flexion, 10 degrees extension, 10 degrees right lateral bending, 15 degrees left lateral bending; positive numbness/tingling and paresthesias at 70 degrees of elevation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week 6 weeks (cervical spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT)

**Decision rationale:** The request for physical therapy two times a week times six weeks for the cervical spine is not medically necessary. Previous request was denied on the basis that the treating physician agreed that the injured worker should be capable of home exercises as the injured worker has already received physical therapy for the cervical and lumbar spine. Records suggest the injured worker is improving with medication and home exercises; therefore, additional formal physical therapy should not be required according to the information reviewed and discussed with the requesting provider. There was no mention that a surgical intervention had been performed. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy two times a week times six weeks for the cervical spine is not indicated as medically necessary.