

<b>Case Number:</b>	CM14-0053909		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/04/2014
<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 Nevada. 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 records presented for review, indicate that this 68 year old female was reportedly injured on September 18, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated March 13, 2014, indicated that there were ongoing complaints of neck and upper back pain. The physical examination noted a 5 feet 5 inch, 268 pound female who was hypertensive (170/102) and demonstrated a decrease in cervical spine range of motion, no tenderness and muscle spasm was noted, some tenderness in the trapezius musculature; deep tendon reflexes were trace of the biceps, triceps and brachioradialis, and there is no evidence of sensory loss. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications and conservative care. A request was made for physical therapy for the cervical spine and was not certified in the preauthorization process on April 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy of the Cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The records indicate that the injured worker has already been approved for at least fourteen physical therapy visits to date. The Official Disability Guidelines (ODG) recommends up to 9 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment, plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There is no additional significant objective clinical information that supports the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, Physical Therapy of the Cervical is not medically necessary.