

<b>Case Number:</b>	CM14-0063163		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Medicine 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 injured worker is a 36-year-old individual with an original date of injury of April 23, 2013. The mechanism of injury occurred while the patient was employed as a cashier. The patient has injury to the arms, forearms, shoulder, neck, and low back. Cervical MRI on March 15, 2014 documented a disc bulge at C5-C6 with mild involvement of the cord and foramen. The disputed request is for physical therapy 2 times a week for 4 weeks to address the neck pain. This request was denied by a utilization reviewer cited that the "provider does not provide any subjective/objective documentation of functional benefit from prior physical therapy, or document the number of physical therapy visits to date."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 4 weeks for the neck #8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper back (updated 03/31/2014), Physical Therapy(PT).

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

**Decision rationale:** A review of the medical records indicate that the patient has had prior physical therapy. Since she has multiple covered body regions, it is not apparent which areas she had physical therapy. A progress note on date of service March 28, 2014 documents that the patient in October 2013 was slowly improving with physical therapy and acupuncture but still has significant neck and low back pain. There does not appear to be a comprehensive summary of how many sessions she has attended to date, and the functional benefit of prior physical therapy. Therefore this request at this time is not medically necessary.