

<b>Case Number:</b>	CM14-0072010		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 58 year old individual was reportedly injured on multiple occasions, the most recent being March 1, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of neck pain, right thumb pain, and other maladies. The physical examination demonstrated a decreased range of motion of both the cervical spine and right thumb. Diagnostic imaging studies objectified multiple level degenerative changes throughout the entire cervical spine. This included disc desiccation, spondylosis and osteophyte formation. Previous treatment included left shoulder and right thumb surgery, postoperative rehabilitation and multiple medications as well as pain management interventions. A request had been made for physical therapy and a cervical collar and was not certified in the pre-authorization process on May 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** When noting the complexities of this case and by the marked degenerative changes noted on MRI, and given the lack of clinical information as to how much physical therapy has been completed, there is insufficient data presented to support this request. As outlined in the ACOEM guidelines, several sessions of physical therapy are endorsed so as to transition to home exercise protocol. Therefore, with the lack of medical information and by the parameters outlined in the ACOEM, the request for Physical Therapy (x4) is not medically necessary.

**Cervical collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter, updated September 2014.

**Decision rationale:** This device is not addressed in either the ACOEM or MTUS guidelines. The parameters noted in the ODG were applied. There is no clinical indication for a cervical collar in the nonsurgically treated cervical spine. Therefore, while noting that there are marked degenerative changes, there is no surgical intervention. The literature does not support the use of a cervical collar in the clinical situation. As such, when noting the clinical parameters on the progress notes and with the ODG, the request for a Cervical Collar is not medically necessary.