

<b>Case Number:</b>	CM14-0073333		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Emergency 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:

Patient has an injury reported date of 9/23/2013 in which no mechanism of the injury was provided for the review. The patient has a diagnosis of neck pain, neck spasms and upper back pain. The medical records were reviewed and the Last report available was provided on 6/12/14. Objective exam reveals good range of motion with minimal tenderness to upper neck on palpation. A progress note dated 4/24/14 clarifies physical therapy as 3times a week for 4weeks (total 12sessions), the note on 6/12/14 mentions ongoing chiropractic sessions, home exercise and multiple notes from late 2013 mentions continue PT as planned. The physical therapy report dated 12/3/13 reports that 8 sessions were approved and that patient was doing well with therapy. There is no medication list provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy to the back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): <98-99>.

**Decision rationale:** As per MTUS Chronic pain guidelines, physical therapy may be recommended due to good success rate. The guidelines recommend fading frequency and home directed therapy. Patient has already reportedly completed at least 8 sessions of PT after the initial injury years ago. There is a report of improvement after those sessions. There is documentation of home directed physical therapy; there is no documentation of any end goal of repeat (PT). Patient appears to have minimal pain or limitation of function and per guidelines, it recommends up to a total of 10 PT sessions. The requested number of 12 additional sessions above what has already been done without adequate documentation is not medically necessary.