

<b>Case Number:</b>	CM14-0073499		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/12/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of December 21, 2010. A utilization review determination dated May 12, 2014 recommends noncertification of 12 to 18 sessions of physical therapy for the cervical spine. A progress report dated April 21, 2014 identifies subjective complaints of neck pain radiating into both arms with numbness and tingling. The patient reports that she is not participating in any physical therapy at the current time. Physical examination findings reveal cervical spine paraspinal spasms and tenderness with decreased cervical range of motion. Diagnoses include cervical spine musculoligamentous sprain/strain. The treatment plan requests physical therapy treatment 2 to 3 times per week for 6 weeks for the cervical spine. Physical therapy treatment notes indicate that the patient was discharged from physical therapy with a home exercise program on August 30, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12-18 physical therapy sessions, 2-3x/wk for 6 weeks, cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 visits of physical therapy for neck sprains/strains. Within the documentation available for review, it appears the patient was discharged from physical therapy previously. There is no documentation of any significant exacerbation or intervening injury for which additional physical therapy would be indicated. Additionally, the currently requested 12-18 visits of physical therapy exceed the maximum number recommended by guidelines for this patient's diagnosis. As such, the currently requested additional physical therapy is not medically necessary.