

<b>Case Number:</b>	CM14-0073814		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/01/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 64 year old female was reportedly injured on 10/1/2002. The mechanism of injury is undisclosed. The most recent progress note, dated 4/29/2014, indicates that there are ongoing complaints of neck pain, and right shoulder pain. The physical examination demonstrated neck tenderness to palpation over the right paraspinal muscles, trapezius, and decreased range of motion is noted on the cervical spine. Lumbar paraspinal muscles are tender to palpation, bilateral upper and lower extremities muscle strength is 5/5, and absent reflexes in both legs. No recent diagnostic studies are available for review. Previous treatment includes medications, physical therapy, and conservative treatment. A request was made for physical therapy for the cervical spine for twelve visits and was not certified in the pre-authorization process on 5/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy for the Cervical Spine with Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface Physical Therapy Guidelines.

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

**Decision rationale:** MTUS Guidelines support the use of physical therapy for the management of chronic pain; specifically myalgia and radiculitis; and recommend a maximum of ten visits. The injured worker has chronic neck pain and a review of the available medical records fails to demonstrate an improvement in pain or function. The injured worker underwent previous sessions of functional restoration therapy and in the absence of clinical documentation to support excessive visits greater than ten, this request is not considered medically necessary.