

<b>Case Number:</b>	CM14-0074542		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/09/2014
<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 Texas and Oklahoma. 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 57-year-old male who reported an injury on 07/31/2009. The mechanism of injury was not provided for clinical review. The diagnoses included cervical disc disease, bilateral shoulder rotator cuff with impingement syndrome, bilateral wrist strain, lumbar disc disease, bilateral knee chondromalacia/internal derangement status post left knee surgery, and bilateral foot strain. The previous treatments included medication, physical therapy, and right shoulder surgery. Previous diagnostic studies included an MRI of the cervical spine, electrodiagnostic studies, and MRI of the lumbar spine. Within the clinical note dated 01/14/2014, it was reported the injured worker complained of low back pain with stiffness. The injured worker rated his pain 5/10 in severity. On the physical examination, the provider noted that the injured worker had tenderness to palpation and spasms of the cervical and lumbar spine. The injured worker had decreased range of motion of the cervical and lumbar spine. The provider requested the injured worker to continue physical therapy. The request for authorization was submitted and dated 12/26/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy for the Cervical Spine, 2 times a week for 4 weeks, as an outpatient:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/>

Cervical and Thoracic Spine; Table 2, Summary of Recommendations. Cervical and Thoracic Spine Disorders.

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

**Decision rationale:** The request for 8 Physical Therapy for the Cervical Spine, 2 times a week for 4 weeks, as an outpatient is not medically necessary. California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for the fading of treatment frequency, plus active self home physical medicine. The guidelines note for neuralgia or myalgia, 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the injured worker had functional improvement with the previous course of physical therapy. The number of sessions the injured worker has previously undergone was not provided for clinical review. Therefore, the request is not medically necessary.