

<b>Case Number:</b>	CM14-0082677		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 of the date of injury of December 9, 2013. A utilization review determination dated May 15, 2014 recommends noncertification of 12 visits of physical therapy for the cervical spine. Noncertification was recommended since the patient has completed 11 sessions of physical therapy previously and then transitioned into an independent program of home exercise. A progress note dated April 23, 2014 identifies subjective complaints of neck pain. The patient has received physical therapy, chiropractic manipulation, acupuncture, and Motrin. Physical examination findings reveal spasm to the right side of the neck with point tenderness and reduced range of motion. Sensory examination is normal, and there is slight weakness with right wrist extension. Diagnoses include a disk protrusion at the C5-6 level and cervical radiculopathy at C6 on the right side. The treatment plan recommends Anaprox, Protonix, Soma, Ultram ER, and Norco. Additionally, physical therapy is recommended to include ultrasound, massage, and therapeutic exercise 3 times per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits, for the Cervical Spine, 3 times a week for 4 weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 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. 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. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional Physical Therapy is not medically necessary.