

<b>Case Number:</b>	CM14-0096363		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Louisiana. 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 patient is a 24 year old female who was injured on 06/20/2012 while lifting a patient sustaining an injury to her neck and shoulders. Prior treatment history has included physical therapy, acupuncture but outcome was not documented; Soma, Naprosyn and cortisone injection to the right lateral epicondyle. Progress report dated 06/05/2014 documented the patient to have complaints of tension headaches and cervical spine symptoms. On exam, the patient was tenderness and spasm of the cervical spine as well as decreased range of motion. She was diagnosed with cervical strain and recommended for a brief course of physical therapy twice a week for 4 weeks to decrease pain and increase function. There were no other reports available for review. Prior utilization review dated 06/13/2014 states the request for Physical therapy 2xwk x 4wks for the Neck is not certified as there is a lack of documented evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwk x 4wks . Neck:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Physical therapy

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended for both a passive portion for acute short-term relief and active methods to maintain improvement levels. Guidelines require documentation of objective improvements with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise plan program would be insufficient. In this case, there is a lack of supporting documentation of progression or functional improvement from prior physical therapy provided to indicate the necessity of this request therefore, it is not medically necessary.