

<b>Case Number:</b>	CM14-0096527		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/28/2014
<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 Pain Management and is licensed to practice in Texas. 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 44 year old male who was injured on 06/10/13 when he was hit in the face by a large bolt causing a laceration with injury to the cervical spine. There are no imaging studies available for review; however, clinical note dated 08/01/13 notes that radiographs demonstrate degenerative disc disease at C5-6 and an anterior/inferior spur off the C5 vertebral body with fair preservation of disc spaces throughout except mild decrease at C5-6. This note stated the injured worker has not had sufficient physical therapy. Physical examination dated 12/19/13 reveals bilateral upper extremity muscle strength to be normal and reflexes of 2+ throughout. Decreased sensation is noted along the C6 dermatome on the left. Cervical range of motion includes flexion and extension noted as: 20/20/20, bilateral rotation noted as: 25/25/25 and bilateral lateral flexion noted as: 20/20/20. It is noted future medical care should include the option for a course of physical therapy as medical treatment for flare-ups. Clinical note dated 05/15/14 includes a request for physical therapy of the cervical spine at 2 times per week for 4 weeks and notes objective findings of 20 flexion and extension, 45 right rotation and 30 left rotation. The diagnosis submitted with the request is C5-6 degenerative disc disease. Utilization Review dated 05/28/14 denies this request citing no documentation of specific functional goals that would require additional supervised physical therapy. The rationale also states, the patient has had 22 PT visits. There are no physical therapy notes available for review and the amount of formal physical therapy to date is not otherwise specified. This is a review for 8 additional cervical physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy for the cervical spine 2 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 96-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical Therapy section.

**Decision rationale:** MTUS does not specifically address physical therapy for degenerative disc disease, but does recommend 9-10 visits over 8 weeks for myalgia and myositis, unspecified. ODG does address degeneration of cervical intervertebral disc(s) and authorizes 10-12 visits over 8 weeks. Records indicate the injured worker has received 22 visits of formal physical therapy to date. This amount is in excess of MTUS and ODG. The injured worker should now be able to effectively participate in a home exercise program. There are no barriers indicated which would prevent the injured worker from completing self-directed therapy. The most recent objective functional data is dated 05/15/14 and does not reflect significant negative change from physical examination performed 12/19/13. Significant factors which would warrant additional physical therapy in further excess of applicable guidelines are not indicated. Medical necessity for an additional 8 visits of physical therapy for the cervical spine is not established.