

<b>Case Number:</b>	CM13-0065469		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/26/2008
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Interventional Spine 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 60 year-old male patient who was injured on 5/26/2008. He has been diagnosed with multilevel degenerative changes in the cervical spine with foraminal stenosis and clinical evidence of right cervical radiculopathy. On 9/11/13 [REDACTED] noted some improvement with the PT and recommended continued PT. By 10/31/13 the patient had 9 sessions of PT total. On 11/19/13, the physical therapist provided an RFA for additional PT 2x3. On 12/4/13 UR denied this.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the neck (2 times per week for 3 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9.

**Decision rationale:** The patient injured his neck in 2008 from putting luggage in an overhead compartment. On 9/11/13, he presented with 2-3/10 neck pain, but had some weakness and

numbness in the right arm. He was already attending a course of PT by the 9/11/13 office visit, and [REDACTED] recommended continuing the PT. The physical therapy note from 10/30/13 states the patient completed 9 sessions of PT. On 11/14/13, the physical therapy submitted a request for additional PT x6. I have been asked to review for these additional 6 sessions. MTUS guidelines for PT, states 8-10 sessions are recommended for various myalgias and neuralgias. The patient has just completed 9 sessions, and 6 more were requested. The requested 6 sessions of PT, when combined with the 9 prior visits, will exceed the MTUS recommendations. Therefore, Physical therapy for the neck (2 times per week for 3 weeks) is not medically necessary and appropriate.