

<b>Case Number:</b>	CM14-0194622		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Medicine, 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 with a date of injury of November 9, 2012. A utilization review determination dated October 27, 2014 recommends modified certification of physical therapy. Authorization was requested for physical therapy 2x4 and modified approval was recommended for physical therapy 2x2. Modified certification is recommended due to a recent flare-up. A progress report dated October 6, 2014 identifies subjective complaints of pain in the neck and back. The patient underwent a cervical epidural steroid injection which did not change his symptoms. Objective examination findings reveal tenderness of how patient in the right paraspinous and trapezius muscles with 4/5 strength in the upper extremities and diminished sensation to light touch in the right arm. Diagnoses include cervical pain, cervical degenerative disc disease, and cervical herniated nucleus pulposis. The treatment plan recommends a repeat MRI and authorization for a course of physical therapy. A physical therapy note dated September 26, 2014 states that the patient has undergone 2 therapy sessions. The note states that the patient has had not much change since the 1st visit. The treatment plan recommends continuing physical therapy. An authorization dated August 15, 2014 recommends certification for 2 physical therapy sessions for the cervical spine for a total of 22 sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. Guidelines recommend 10 therapy visits for sprains and strains of the cervical spine and up to 12 visits for cervical degenerative disc disease and radiculitis. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the number of therapy sessions provided already exceeds the maximum number recommended by ODG, and there is no documentation of a recent flare up or intervening injury with new objective examination findings to justify a short course of additional therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.