

<b>Case Number:</b>	CM14-0197159		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency 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:

The injured worker is a 30 year-old female, who sustained an injury on January 14, 2013. The mechanism of injury is not noted. Treatments have included: medications. The current diagnoses are: chronic pain syndrome, cervicobrachial syndrome, and wrist sprain. The stated purpose of the request for Physical therapy for the cervical spine, twice weekly for four weeks was to follow trigger point injections. The request for Physical therapy for the cervical spine, twice weekly for four weeks was modified for 4 sessions on November 17, 2014, citing a lack of documentation of previous treatment. Per the report dated September 30, 2014, the treating physician noted complaints of chronic neck pain. Exam findings included cervical muscle spasm, restricted cervical range of motion, left wrist swelling and painful range of motion with decreased left hand sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has chronic neck pain as well as left upper extremity and wrist pain. The treating physician has documented cervical muscle spasm, restricted cervical range of motion, left wrist swelling and painful range of motion with decreased left hand sensation. The treating physician has not documented the medical necessity for physical therapy in excess of the guideline recommended trial of six physical therapy sessions before re-evaluation as to derive functional improvement. The criteria noted above not having been met and thus, Physical therapy for the cervical spine, twice weekly for four weeks is not medically necessary.