

<b>Case Number:</b>	CM14-0205285		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 53 yo female who sustained an industrial injury on 07/16/2008. The mechanism of injury was not provided for review. Her diagnosis is cervical strain/sprain. She continues to complain of neck pain and bilateral hand numbness and nocturnal numbness in all digits. On physical examination there is tenderness to palpation over the cervical spine with myospasm in the bilateral paracervical area. Cervical spine range of motion was decreased. Treatment has included medical therapy and physical therapy. The treating provider has requested 12 Physical Therapy visits for the Cervical Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy visits for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of neck back pain. Recommendations state that for most patients with more severe acute and subacute neck pain conditions 6-8 visits over a period of over 6 to 8

weeks are indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the number of completed physical therapy visits was not provided and the requested 12 physical therapy visits exceed guideline recommendations for her cervical spine condition. The medical necessity for the requested 12 physical therapy sessions has not been established. The requested service is not medically necessary.