

<b>Case Number:</b>	CM14-0207663		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 54 yo female who sustained injury on 04/25/2014. The mechanism of injury was not provided for review. Her diagnoses include upper thoracic spine pain. On exam she complains of pain in the thoracic spine region. There is right upper thoracic margin tenderness with muscular guarding and tenderness over the right mid trapezius. She had postural stereotype with rounding of the shoulders and cantilevered cervical spine. Treatment has consisted of medical therapy, physical therapy and chiropractic therapy. The treating provider has requested physical therapy 6 sessions and chiropractic therapy 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The documentation indicates the claimant has undergone 18 sessions of physical therapy. Per the reviewed guidelines a maximum of 10 visits over 8 weeks is the

recommendation for the treatment of cervical/thoracic spine related issues. There is no documentation of functional improvement, increased range of motion, decreased pain or increased strength with previous physical therapy. The claimant should be able to perform a home exercise program. Medical necessity for the requested additional physical therapy sessions has not been established. The requested additional physical therapy sessions are not medically necessary.

**Chiropractic 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Chiropractic Guidelines( ODG), Neck & Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain

**Decision rationale:** Chiropractic manipulation has been compared to various treatments and has been found to be beneficial. Cervical manipulation may be an option for patients with occupationally related neck pain or cervigogenic headache. Per the guidelines for regional neck pain 9 visits over 8 weeks is recommended. Per the documentation the claimant has completed 16 chiropractic sessions and there has been no change in her pain level or functional status. Medical necessity for the requested item has not been established. The requested item is not medically necessary.