

<b>Case Number:</b>	CM14-0210446		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/23/2004
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Occupational 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 individual is a 56 y/o female who has developed chronic spinal pain subsequent to a slip and fall on 11/23/04. She has a history of chronic cervical pain that is reported to be stable without recent changes in status. The cervical region is considered permanent and stationary. She also has low back pain and physical therapy was recently approved for her low back. The requesting physician states that the patient wants physical therapy for her neck along with what is approved for the low back. No specific medical rationale is provided other than the patients requested it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2/wk x4 weeks for the neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS Guidelines recommend up to 8-10 sessions of physical therapy as adequate for most chronic musculoskeletal conditions. The requested body part has been declared to have reached Maximum Medical Improvement (MMI) some time ago and no distinct

flare or changes regarding the neck are documented. It is reasonable to assume that greater than 10 sessions have been previously provided given the MMI status. The medical necessity of an additional 8 sessions is not evident at this point in time. The physical therapy 2/wk for 4 wks for the neck is not medically necessary.