

<b>Case Number:</b>	CM15-0008572		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/20/1999
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 8/20/1999. She has reported neck pain. The diagnoses have included cervical herniated nucleus pulposus. Treatment to date has included medications, physical therapy and chiropractic treatment. A progress note in 6/2014 indicated the claimant had been performing home exercises. The claimant had performed an unknown amount of physical therapy in 2013. Currently, the injured worker complains of increased neck stiffness with limited range of motion. The progress report dated 11/11/14 noted increased stiffness and radicular symptoms with range of motion of neck. She noted relief with medications. On 12/26/14 Utilization Review non-certified physical therapy 2 times per week for 4 weeks to cervical region, noting the lack of objective change from prior therapy and an unclear documentation of number of prior visits. The MTUS, ACOEM Guidelines, was cited. On 1/15/15, the injured worker submitted an application for IMR for review of physical therapy 2 times per week for 4 weeks to cervical region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 4 weeks Cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the amount of physical therapy completed in the past. The response to therapy is unknown. The claimant is able to complete home exercises. The request for 8 additional sessions of therapy is not substantiated and therefore not medically necessary.