

<b>Case Number:</b>	CM15-0019012		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old male who reported an injury on 07/29/2014. The mechanism of injury was due to a trip and fall. His diagnoses include cervical strain and cervical radiculopathy. Past treatments include physical therapy. On 12/2014, the injured worker complained of neck pain that radiated to his shoulder with associated numbness of the left hand, more prominent in the index, thumb and middle finger. The injured worker also complained jaw pain and decreased concentration. The physical examination revealed tenderness with spasms over the cervical spine with decreased range of motion. There was also a slight decrease weakness of the left arm muscle with decreased sensation to the left index and thumb. Relevant medications were not noted for review. The treatment plan included physical therapy 12 sessions for the neck. A rationale was not provided for review. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck & Upper back.

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

**Decision rationale:** The request for physical therapy 12 sessions for the neck is not medically necessary. According to the California MTUS Guidelines, patients with neuralgia, neuritis and radiculitis are allotted 8 to 10 physical therapy visits over 4 weeks. The injured worker was indicated to have been allotted 6 physical therapy visits. However, there was lack of documentation in regard to objective functional improvement and objective decrease in pain. In addition, a physical therapy reassessment was not provided for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.