

<b>Case Number:</b>	CM15-0183826		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 48 year old male, who sustained an industrial injury on 10-21-11. The injured worker was diagnosed as having neck sprain and strain. The physical exam (5-15-12 through 1-13-15) revealed tenderness and spasms in the cervical spine and "decreased" range of motion. The work status was "not disables from work and may return immediately". Treatment to date has included acupuncture x 6 sessions in 2013, a TENS unit, Naproxen, Tylenol #3 and Flexeril. As of the PR2 dated 8-11-15, the injured worker reports increased cervical symptoms into right shoulder girdle and headaches. Objective findings include tenderness and spasms in the cervical spine and "decreased" range of motion. The work status is "remains P and S". On the Request for Authorization dated 8-13-15, the treating physician noted that the injured worker had only had 4 sessions of physical therapy. The treating physician requested physical therapy to the cervical spine 2 x weekly for 4 weeks to restore baseline function. On 8-13-15 the treating physician requested a Utilization Review for physical therapy to the cervical spine 2 x weekly for 4 weeks to restore baseline function. The Utilization Review dated 8-21-15, non-certified the request for physical therapy to the cervical spine 2 x weekly for 4 weeks to restore baseline function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight physical therapy sessions for the cervical spine (neck), 2x/week for 4 weeks to restore baseline function:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 physical therapy sessions to the cervical spine (neck), 2 times per week times 4 weeks to restore baseline function is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is neck sprain and strain. The date of injury is October 21, 2011. Request for authorization is August 13, 2015. According to August 11, 2015 progress note, subjective complaints include increased neck pain and shoulder girdle pain. Objectively, there was cervical spine tenderness to help patient with decreased range of motion. There are no physical therapy progress notes in the medical record, however the treating providers progress note indicates the injured worker received four sessions. The utilization review indicates the injured worker received physical therapy and should be on a home exercise program. The total number of physical therapy sessions is not documented in the record. There are no compelling clinical facts indicating additional physical therapy is warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy to the thoracic and lumbar spine, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, 8 physical therapy sessions to the cervical spine (neck), 2 times per week times 4 weeks to restore baseline function is not medically necessary.