

<b>Case Number:</b>	CM15-0188369		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/16/2003
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, 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:

This is a 68 year old female patient who sustained a work-related injury on 12-16-2003. The diagnoses include myofasciitis, spinal stenosis, and cervical segmental dysfunction. Per the doctor's note dated 9/18/15, she had complaints of neck and arm pain. Her pain was rated 1-3 on a 10-point scale (no change from 7-13-15). She had self-imposed limitation of her activities of daily living. Previous physical therapy provided instruction in home exercise program. Objective findings included decreased cervical range of motion and trace palpable cervical spine spasm. Her medication regimen included gabapentin and hydrocodone. She has had cervical spine MRI dated 9/28/15 which revealed discogenic disease at multiple levels. Prior surgical reports related to this injury are not specified in the records provided. She has had an unspecified number of physical therapy visits for this injury. A request for physical therapy for the cervical spine #12 was received on 9-21-15. On 9-24-15 the Utilization Review physician determined physical therapy for the cervical spine #12 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine 2 times a week for 6 weeks, quantity: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy for the cervical spine 2 times a week for 6 weeks, quantity: 12. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The patient has had an unspecified number of physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy for the cervical spine 2 times a week for 6 weeks, quantity: 12 is not established for this patient at this time.