

<b>Case Number:</b>	CM15-0193640		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/27/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37-year-old female with an industrial injury date of 04-27-2015. Medical record indicates she is being treated for head trauma, headache and cervical sprain. Subjective complaints (09-15-2015) included headaches and neck pain. The treating physician indicated the headaches had decreased to 3 out of 10 with Nortriptyline. Work status (09-15-2015) is documented as off work. Medications are not indicated in the 09-15-2015 note. In the progress report (08-09-2015) the injured worker was complaining of daily headaches rated as 6-10 out of 10. She also complained of episodes when she felt "disoriented." Medications are documented as Robaxin, Motrin and Nortriptyline in the 08-19-2015 note. Medical record review did not indicate activities of daily living. Prior treatment is documented as 8 sessions of physical therapy to the cervical spine and "felt it helped." Other prior treatments were medications and referral to neurology. Objective findings (09-15-2015) included tenderness and muscle spasm at cervical paraspinal muscles with limited range of motion at the cervical spine. Objective findings (08-19-2015) included tenderness, spasm and limited range of motion of cervical spine. Documentation indicates concentration and orientation was decreased. On 09-22-2015 the request for physical Therapy for the neck; 6 sessions was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the neck; 6 sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in April 2015 and is being treated for injuries sustained in a motor vehicle accident. She was seen one week after the accident in an Emergency Room with a headache and neck and low back pain with right lower extremity radiating symptoms. In June 2015, she was referred for 8 sessions of physical therapy for the neck and low back. In August 2015, she had completed the treatments, which had helped. When seen in September 2015, her headaches had improved. Physical examination findings included decreased cervical range of motion with tenderness and spasm without weakness. An additional 6 physical therapy treatments were requested. Instruction in a home exercise program was provided. In terms of physical therapy for a cervical sprain / strain, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed / appropriate rather than during scheduled therapy visits. In this case, no new therapeutic content is being requested. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.