

<b>Case Number:</b>	CM15-0029338		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 04/01/2009. Current diagnoses include cervical stenosis, myofascial pain, cervical radiculopathy, lumbar spondylosis, and shoulder pain. Previous treatments included medication management, TENS unit, back support, cervical epidural in 11/2014, facet injection, and polar frost. Report dated 01/28/2015 noted that the injured worker presented with complaints that included neck pain with radiation to right shoulder and low back pain. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination did not reveal any abnormalities. Utilization review performed on 02/10/2015 non-certified a prescription for 6 physical therapy visits for the cervical spine with evaluation, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical Therapy for the Cervical Spine with Evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. 6 Physical Therapy for the Cervical Spine with Evaluation is not medically necessary.