MAXIMUS Federal Services

| Case Number: | CM15-0046581 | | |
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| Date Assigned: | 03/19/2015 | Date of Injury: | 01/07/2013 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

## 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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old female who sustained an industrial injury to her neck and chest/ribs when involved in a motor vehicle accident on January 7, 2013. The injured worker was diagnosed with cervical spine pain, cervicogenic headaches and status post rib fractures. Chest Computed Tomography (CT) was performed on February 27, 2014. According to the primary treating physician's progress report on February 23, 2015 the injured worker presents with constant chest pain which is unchanged. Examination of the cervical spine demonstrated tenderness to palpation at the mid scapular and left upper trapezius area with sensation and reflexes intact. Range of motion of was decreased due to guarding and pain. Functional testing of the cervical spine was negative. There was no thoracic evaluation noted. Current medications consist of Naproxen. According to the physician's current treatment plan outline from the February 23, 2015 visit, therapy was not helping the cervical spine, stop physical therapy at this time, activity modification and magnetic resonance imaging (MRI) of the cervical spine. The request for authorization is physical therapy for the cervical neck.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 3 week, for the Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194,Chronic Pain Treatment Guidelines physical therapy, physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states: 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient has chronic pain and has already completed 10 sessions of physical therapy to the neck. Additional sessions are not warranted as the patient should be familiar with a home exercise program. As such, the request for Physical Therapy 2 x 3 week, for the Neck is not medically necessary.