

<b>Case Number:</b>	CM15-0048646		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/13/2015
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: 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 69-year-old male, who sustained an industrial injury on 1/13/15 in a motor vehicle accident. The diagnoses have included cervical strain/sprain, thoracic sprain, bilateral arm strain and headache. Treatment to date has included chiropractic, Home Exercise Program (HEP), physical therapy, electrical stimulation, work modifications and medications. Currently, as per the physician progress note dated 2/10/15, the injured worker complains of mild to moderate cervical pain which was rated 5/10 on pain scale. Physical exam of the cervical spine revealed slight decrease in extension secondary to pain, there was 2+ tenderness over the paranchal and trapezius muscles with slight hypertonicity. The thoracic spine revealed tenderness along the parathoracic musculature. The current medications were not noted. The therapy notes were documented. The physician requested treatment include includes Physical Therapy to cervical and thoracic, twice a week for two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to cervical and thoracic, twice a week for two weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. A review of the submitted documentation fails to reveal the details of any of the aforementioned points that would be critical in order to authorize additional therapy. There are several notes from January and February 2015 that indicate the patient has had diathermy, electrical stimulation, myofascial release, therapeutic exercises, and other physical modalities, but no evidence of objective functional improvement is found. Therefore, additional physical therapy is not medically necessary.