

<b>Case Number:</b>	CM15-0051350		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 36 year old female, who sustained an industrial injury on 12/1/14. She has reported an assault with head and neck attack. The diagnoses have included neck pain, hyperreflexia, concussion, and post traumatic stress disorder. Treatment to date has included diagnostics, medications, physical therapy, Home Exercise Program (HEP), conservative measures, and psychiatry. The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 1/22/15 and other diagnostics included x-rays of the cervical spine and Computed Tomography (CT) scan of the brain. Currently, as per the physician progress note dated 2/19/15, the injured worker complains of pain in the entire spine and the injured worker states that physical therapy was beneficial. The objective findings revealed decreased range of motion of the cervical spine. There were no previous physical therapy sessions noted and the current medications were not listed. The physician requested treatment includes Additional Physical Therapy times 6 sessions, for the Head and Neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy times 6 sessions, for the Head and Neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** Guidelines state physical therapy may be indicated for neck disorders. However, the medical records do not document the effectiveness of previous physical therapy sessions. In addition, there are comments that the physical therapy is not helping her and possibly hurting her. The request for physical therapy for neck x 6 is not medically appropriate and necessary.