

<b>Case Number:</b>	CM14-0002616		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 was injured on September 13, 2007. The mechanism of injury is not specified. On December 5, 2013, the injured worker is documented as presenting with unchanged symptoms since last visit which were noted as severe neck pain with radiation to bilateral upper extremities. Associated with this pain is dizziness, left ear pain, and a fullness sensation left ear. Persistent headache that race the base the neck is also present. The examination documents diminished cervical range of motion, no gross sensory deficits in the upper extremities, but diminished grip strength in the left upper extremity. The utilization review in question was rendered on December 27, 2013. The reviewer modified the request from 12 visits to 3 visits noting that previous physical therapy was documented as being "entirely ineffective," in the November 4, 2010 progress note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 PHYSICAL THERAPY VISITS FOR CERVICAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

**Decision rationale:** The California MTUS guidelines allow for fading treatment of physical therapy, but in the setting of chronic pain recommend up to 10 visits for myositis, neuritis, or radiculitis. This request exceeds those guidelines. Additionally, there was prior documentation indicating that physical therapy was "entirely ineffective." Given that the request significantly exceeds the guidelines, and that prior documentation indicates physical therapy was ineffective the request is considered not medically necessary.