

<b>Case Number:</b>	CM14-0135070		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 a 66-year-old male who reported an injury on 09/28/2010. He was reportedly sitting on a paver when a large tire exploded. On 06/04/2014, the injured worker presented with symptoms of anxiety, frequent headaches, and severe neck pain. The diagnoses were cervical pain and cervical sprain/strain. Upon examination, the injured worker ambulated independently and showed significant kyphosis in the thoracic spine in a standing position. Range of motion values for the cervical spine were 45 degrees of right rotation, 50 degrees of left rotation, 60 degrees of flexion, and 20 degrees of extension. Range of motion elicits pain and there was tenderness and hypertonicity noted in the bilateral suboccipital through C7 multifidi and paraspinals with the left being slightly greater than the right. There was tenderness noted from the T1 through T12 spinous process and interspinous ligament. There was 5/5 muscle strength in all upper extremity movements of the shoulder, elbow, wrist, and hand. Prior therapy included the use of moisture and heat, an E-stimulator, progressive full body corrective exercise program, joint mobilization, and medications. The provider recommended physical therapy 2 times a week for 4 to 6 weeks for the cervical spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY #2 2X4-6 WEEKS FOR CERVICAL SPINE:** 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.

**Decision rationale:** The California MTUS states that active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior request for physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established. The request for Physical Therapy 2 x 4 to 6 weeks for the Cervical Spine is not medically necessary.