

<b>Case Number:</b>	CM14-0144403		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Family Medicine 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:

This 47 year old patient had a date of injury on 1/22/2009. The mechanism of injury was not noted. In a progress noted dated 8/18/2014, subjective findings included pain and discomfort in left shoulder and neck. Improvement is noted with guided cervical facet injections, and medications are proving effective in improving patient's pain levels. On a physical exam dated 8/18/2014, objective findings included TTP over the left cervical facet joints, mostly at C4-C5. ROM limited in left sided rotation due to reproduction of left sided neck pain. The diagnostic impression shows cervical radiculopathy. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 8/22/2014 denied the request for continued physical therapy x1 for neck, stating that there was no documentation of significant change in status, re-injury, or exacerbation of this 5.5 year old injury, and the provider notes that the claimant is improved overall and remains permanent and stationary on full duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy 1x6 (Cervical): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Neck and Upper back Procedure Summary last updated 8/4/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG recommends 10 visits over 8 weeks for sprains and strains of neck. It was noted that 6 sessions of physical therapy was performed starting 4/14/2014 which helped the patient's pain level, function and range of motion. It was unclear why this patient was not able to successfully transition into a home exercise program at that time. Furthermore, in a progress report dated 8/18/2014, this patient is noted to be permanent and stationary, and working full duty. Lastly, it was noted that the medications and facet injections are currently proving effective in controlling the pain levels. Therefore, the request for cervical physical therapy x6 is not medically necessary.