

<b>Case Number:</b>	CM14-0095441		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/03/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 and Rehabilitation 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 patient is a 59 year old male with date of injury 1/3/06. The treating physician report dated 4/28/14 indicates that the patient presents with neck pain and limited range of motion. The patient had cervical spine surgery for disc replacement at C3/4 on 11/14/08. Operative report dated 11/7/13 states arthroscopy with extensive debridement and decompression of the left shoulder was performed. The current diagnoses are: 1. Cervical HNP (Herniated Nucleus Pulposus). 2. Status post left shoulder surgery. The utilization review report dated 6/9/14 denied the request for physical therapy 2x6 to the cervical spine based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks to the 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, 99.

**Decision rationale:** The patient presents with chronic cervical pain status disc replacement in 2008. The current request is for physical therapy 2 times a week for 6 weeks to the cervical spine. The records provided state that the patient has had previous physical therapy of at least 12

sessions in 2014. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and neuritis type pain. The current request exceeds the MTUS guidelines and the treating physician has not documented any new injuries or provided any rationale as to why this patient requires care above the MTUS guideline recommendations. Therefore, the request for physical therapy 2 times a week for 6 weeks to the cervical spine is not medically necessary and appropriate.