

<b>Case Number:</b>	CM14-0177394		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 06-12-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical pain, low back pain, shoulder pain, and knee pain. Treatment and diagnostics to date has included 14 physical therapy sessions (as of 09-29-2014) and medications. Current medications include Anaprox, Norco, Fexmid, and Protonix (all prescribed since at least 07-25-2014). In a progress note dated 09-26-2014, the injured worker reported cervical spine, lumbar spine, bilateral sacroiliac, and bilateral knee pain. Objective findings included pain and tenderness to lumbar spine and cervical spine with limited range of motion and increased pain level with activities of daily living. The treating physician noted that "pain symptoms improve with physical therapy". The request for authorization dated 09-29-2014 requested to continue with physical therapy 2x6, Anaprox, Protonix, Norco, and Fexmid. The Utilization Review with a decision date of 10-09-2014 non-certified the request for 12 additional outpatient physical therapy for the cervical spine, 2 sessions per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional Outpatient Physical Therapy For The Cervical Spine, 2 Sessions Per Week For 6 Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Cervical & Thoracic Spine](https://www.acoempracguides.org/Cervical%20&%20Thoracic%20Spine): Table 2, Summary of recommendations, Cervical & Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy in the form of passive therapy for the neck is recommended by the MTUS Guidelines as an option for chronic cervical pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, reportedly had benefited from prior physical therapy, but there was no elaboration and no report of functional gains related to these sessions. Regardless, this far after the initial injury, the worker should have the ability to successfully perform home physical therapy without supervision, and there was no evidence presented to suggest otherwise. Therefore, this request for additional physical therapy for the cervical spine will be considered medically unnecessary at this time.