

<b>Case Number:</b>	CM14-0036130		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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: California

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 patient is a 49 year-old woman who was injured at work on 7/26/2013. The injury was primarily to her head and neck. She is requesting review of denial for Physical Therapy to the Cervical Spine 2 X per week for 6 Weeks. Medical records corroborate ongoing care for her injuries. As the initial injury was directly to her head, she underwent a head CT scan on 7/29/2013 which was read as normal. She then underwent an unspecified number of physical therapy sessions. Her chronic diagnoses include: Mechanical Cervical and Lumbar Sprain. In the Utilization Review Process MTUS guidelines were cited in the assessment of the request for Physical Therapy. The rationale for non-certification of the request was that there was insufficient information provided on the nature of the examination and the number of requested sessions exceeded MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine 2 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Physical Therapy Page(s): 98-99.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical therapy as a treatment modality. These guidelines state the following: Recommended are indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. These MTUS guidelines also comment on the number of physical therapy sessions that are approved for specific conditions. These are as follows: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 10 visits over 4 weeks. In this case, the number of requested sessions exceeds the above cited MTUS guidelines. Further, it was indicated in the records that the patient had prior physical therapy treatments in the initial recovery period. It would be expected that this included training towards a self-directed home exercise program. For these reasons, the request for Physical Therapy 2 X per week X 6 weeks to the Cervical Spine, is not considered as medically necessary.