

<b>Case Number:</b>	CM14-0058994		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Rehab, 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 54 year-old patient sustained an injury on 11/11/09 when a closing door hit her in the head while employed by [REDACTED]. Request(s) under consideration include Physical therapy for the cervical spine-2-3/wk x 6 wks. Diagnoses include s/p cervical decompression and fusion at C5-7 on 5/15/11. Conservative care has included medications, therapy, and modified activities/rest. Medications list Flexeril, topical compound, and Ultracet. It was noted the patient was approved 12 PT visits on 2/3/14. Therapy note from therapist on 3/17/14 noted patient with continued neck pain radiating to bilateral upper extremities and digitis. Exam showed unchanged findings of restricted cervical range in all planes; diffuse decreased motor strength of 3/5 in bilateral shoulder and elbow. Review of report on 2/3/14 from the provider prior to therapy visits noted normal motor strength of 5/5 in the upper extremities, in comparison to decrease in strength per therapy note post treatment. The request(s) for Physical therapy for the cervical spine-2-3/wk x 6 wks was non-certified on 4/17/14 citing guidelines criteria and lack of medical necessity.

### 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-2-3 x a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2009 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy for the cervical spine-2-3 x a week for 6 weeks is not medically necessary and appropriate.