

<b>Case Number:</b>	CM15-0011524		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained an industrial injury on 2/19/2014. Details of the initial injury were not available for this review. The diagnoses have included cervical degenerative disc disease, back sprain, hand sprain, unspecified myalgia and myositis, major depression, and cervicgia. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), psychotherapy, and physical therapy. Currently, the IW complains of persistent neck pain improved with physical therapy and decreased work stress. Physical examination from 1/14/15 documented no acute findings. The plan of care included continuation of physical therapy to establish a home exercise program. On 1/14/2015 Utilization Review non-certified twelve (12) physical therapy sessions, two (2) times a week for six (6) weeks for cervical spine, noting the documentation did not support that the injured worker could not transition to a home exercise program. The MTUS Guidelines were cited. On 1/21/2015, the injured worker submitted an application for IMR for review of twelve (12) physical therapy sessions, two (2) times a week for six (6) weeks for cervical spine.

### 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 x 6 (12): 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:** This patient presents with neck pain. The treater is requesting PHYSICAL THERAPY FOR THE CERVICAL SPINE 2 X 6 - 12. The RFA from 01/07/2015 shows a request for 12 sessions of therapy 2 times per week at Best Physical Therapy. The patient's date of injury is from 02/19/2014, and her current work status is written as disability status is unchanged. The patient is not post surgery. The MTUS Guidelines pages 98 and 99 on physical medicine, recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports. The 09/25/2014 report shows that the patient has attended 3 sessions of physical therapy and it has been "helpful." The 10/23/2014 report shows that the patient has completed her course of physical therapy; however, the number of treatments was not provided. In this case, the patient has received some unknown number of physical therapy visits with some benefit and the requested 12 would exceed MTUS Guidelines. The patient should now be able to transition into a self-directed home exercise program to improve flexibility and strength. The request IS NOT medically necessary.