

<b>Case Number:</b>	CM15-0015057		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Internal Medicine

### 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 with an industrial injury dated 09/23/2010. On 01/07/2015 she presented for follow up. She had been doing quite well with physical therapy and noted greater than 50% improvement of symptoms with increased neck and arm range of motion, decreased headaches and improved capacity to do household chores. She noted her sleep had improved. She noted however that the pain was continuous and was worsened by work, sitting, standing and moving. Physical exam revealed pain in the cervical region which was present with range of motion. She was also noted to have hypertension at the visit. Prior treatments include medications, physical therapy and chiropractic treatments. Diagnoses were flare up of Cervicalgia and hypertension and tachycardia- possible stress induced (non-industrial). On 01/14/2015 utilization review denied the request for additional physical therapy times 12 visits for the cervical spine. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times weekly for 6 weeks, cervical spine per form dated 1/7/15 QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines. Neck and Upper Back (Acute & Chronic) Physical therapy (PT).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) recommends 9 visits of physical therapy (PT) for cervicgia (neck pain). The progress report dated 01-07-2015 documented cervicgia, and the completion of 12 visits of physical therapy in December 2014. An additional 12 visits of physical therapy were requested. The request for 12 additional physical therapy visits exceeds ODG guidelines and is not supported. Therefore, the request for 12 additional physical therapy visits is not medically necessary.