

<b>Case Number:</b>	CM15-0092043		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Pain Management

### 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 55 year old male who sustained an industrial injury on 10/10/2014. The injured worker was diagnosed with cervical stenosis. Treatment to date includes cervical magnetic resonance imaging (MRI) in November 2014, conservative measures, medications and physical therapy (12 sessions to date). According to the primary treating physician's progress report on April 8, 2015, the injured worker is noted to be doing well with neck pain improving after completion of physical therapy. The injured worker denies arm pain, weakness, numbness and tingling. He presents with a steady gait and posture with cervical spine range of motion within normal limits and neurologically intact. Spurling's test produces posterior neck discomfort, otherwise negative. The injured worker can return to work with restrictions if position is available. The injured worker is currently not taking any medications. Treatment plan consists of additional physical therapy twice a week for 6 weeks to the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, when added to the previous 12 sessions of therapy, the currently requested 12 sessions exceeds the 12 visits recommended for the treatment of cervical radiculopathy or cervical degenerative disc disease, and there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.