

<b>Case Number:</b>	CM15-0098636		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	11/17/2006
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Indiana, New York  
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 43-year-old male, with a reported date of injury of 11/17/2006. The diagnoses regarding the cervical spine were not documented in the medical records provided for review. Treatments to date have included oral medications and home exercise program. The medical report from which the request originates was not included in the medical records provided for review. The progress report dated 02/04/2015 has handwritten sections and is somewhat illegible. The report indicates that the injured worker's condition remained the same. The injured worker rated his pain 6 out of 10 on average; 3 out of 10 with medications; and 7 out of 10 without medications. He continued to work full-time. It was noted that the injured worker saw the requesting physician, and he wanted x-rays and an MRI of the neck. Documentation regarding objective findings was illegible. No other objective findings were indicated. The treating physician requested twelve (12) physical therapy sessions for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions of physical therapy to the cervical spine are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is cervical spondylosis. The medical record contains 29 pages. There is no documentation from the requesting physical therapy provider (Dr. Ball) in the medical record. There is no clinical discussion, indication or rationale of the requesting provider. There are no subjective and objective complaints (on behalf of the requesting physician) in the medical record. There is documentation from a pain management specialist, but documentation does not contain a discussion, clinical indication or rationale for physical therapy. Additionally, this appears to be an initial request for physical therapy (based on the documentation in the record). The treating provider requested 12 physical therapy sessions. The guidelines recommend a six visit clinical trial. A 12-session request is in excess of the recommended guidelines. Consequently, absent clinical documentation from the requesting provider, a clinical indication and rationale for physical therapy in excess of the recommended guidelines (visit clinical trial), 12 sessions of physical therapy to the cervical spine are not medically necessary.