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| <b>Case Number:</b>   | CM13-0008081 |                              |            |
| <b>Date Assigned:</b> | 05/02/2014   | <b>Date of Injury:</b>       | 06/03/2013 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 07/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2013 |

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 58 year old female who sustained continuous work trauma. Date of work injury is June 3, 2013, in which she suffered injuries to her neck, bilateral shoulders, bilateral hands, fingers on both hands, bilateral knees, and, as a result, has developed symptoms of stress, depression, anxiety, insomnia, and digestive issues. There is a request for a cervical x-ray and physical therapy (12). There is a 6/11/13 QME office note that states that on physical exam there is muscle guarding in the bilateral cervical paraspinals. There is tenderness to palpation noted over the spinal process from C2 through C7. There is palpable tenderness over the paracervical muscles bilaterally as well as palpable muscle spasms bilaterally. There is tenderness on palpation of the trapezius muscles bilaterally and palpable muscle spasms bilaterally. On cervical exam the range of motion of the neck is decreased. The patient has positive cervical compression test, a positive cervical distraction test, a positive foraminal (Jackson's) compression. There is negative shoulder depression and shoulder abduction; and negative hyper abduction (Wright's), Adson's and Lhermitte' sign. Examination of the thoracic spine demonstrates muscle guarding as well as tenderness on palpation of the spinal processes from T1 through T5. There is tenderness on palpation of the paraspinal muscles in the upper thoracic regions bilaterally; muscle spasms present upper thoracic regions bilaterally; bilateral shoulders tenderness. and positive bilateral Neer Impingement, Drop Arm Test, and Supraspinatus test. There is tenderness at the bilateral wrists and decreased ROM; positive Tinels with no evidence of atrophy; and muscle motor testing is 5/5 with equal grip strength. The knees are bilaterally tender; positive Apprehension Test; Patellar Grind Test, and McMurray's test. The muscle motor testing is 5/5. Request for a cervical x-ray and physical therapy three times a week for four weeks for the neck, upper back, both shoulder, upper arms, bilateral wrists, hands and knees

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **X-RAY OF CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS/ACOEM guidelines criteria state that the criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The documentation provided for review does not indicate a red flag, neurologic dysfunction, failure to progress in a strengthening program or the plan of an invasive cervical procedure. Therefore, the request for an x-ray of the cervical spine is not medically necessary and appropriate.

### **PHYSICAL THERAPY QUANTITY TWELVE (12):** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend up to 10 visits with a fading of treatment frequency plus an active home exercise program. The request for physical therapy twelve exceeds the MTUS guideline recommendations. Therefore, the request for physical therapy, quantity 12 is not medically necessary and appropriate.