

<b>Case Number:</b>	CM13-0031431		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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 45-year-old female who reported an injury on 02/14/2011. The patient is diagnosed with cervical disc degeneration and neck pain, mild left shoulder pain with lateral epicondylitis, right upper extremity medial and lateral epicondylitis, wrist tendinitis and radial mononeuropathy, and status post right elbow surgery on 05/23/2012. The patient reported ongoing complaints of discomfort affecting the cervical spine and right upper extremity. It is noted that an attempt was made to refer the patient to physical therapy for continuation of cervical traction. Physical examination revealed tenderness to palpation on the lateral aspect of the right lateral epicondyle, a well-healed surgical incision at the right antecubital area, tenderness to palpation over the region of the brachial radialis with resisted flexion of the right elbow, light touch sensation diminished over the ulnar aspect of the forearm distal to the surgery site with intact motor strength in the bilateral upper extremities, paraspinal spasm in the posterior cervical region, as well as upper trapezius bilaterally, and painful range of motion of the cervical spine. Treatment recommendations included referral to an orthopedist for further evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (physical therapy) with traction (as modality) 2x4weeks Neck/cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy, Traction.

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. The Official Disability Guidelines (ODG) state treatment for cervicgia or neck pain includes 9 visits over 8 weeks. Traction is recommended for patients with radicular symptoms in conjunction with a home exercise program. As per the clinical notes submitted for review, the patient has previously participated in a course of physical therapy with traction modality. Documentation of the previous course with treatment duration and efficacy was not provided for review. The patient does not demonstrate any radicular symptoms on physical examination. Based on the clinical information received, the request is non-certified