

<b>Case Number:</b>	CM13-0060226		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/20/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Interverntional Spine 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 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 50 year old injured worker with date of injury of 11/20/2010. The listed diagnoses per [REDACTED] dated 02/18/2013 are right thoracic outlet syndrome; 4.1mm disc herniation at left L4-5 level; lumbar radiculopathy; multiple orthopedic injuries, and chronic pain management. According to progress report dated 02/18/2013 by [REDACTED], the patient presents with severe back pain that radiated into the left leg. The patient reports weakness and numbness on the left leg. The pain now radiates into the coccyx and compromises the patient's ability to walk and increase with any type of activity. Objective findings show that the patient limps with their left leg. Straight leg raising is positive at 20 degrees. The patient has moderate muscle spasm of the posterior cervical musculature with positive Tinel's sign in the region of the right brachial plexus. Elevation of the right arm will cause increased numbness and tingling. The treating physician is requesting 12 visits of physical therapy for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR TREATMENT OF THE CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section recommends 8-10 visits for myalgia, and neuralgia type symptoms. In this case, the request for 12 physical therapy visits exceeds what is recommended by MTUS. The request for physical therapy twice a week for six weeks is not medically necessary and appropriate.