

<b>Case Number:</b>	CM13-0071513		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker reported and injury on 02/01/2008. The mechanism of injury was not provided. The clinical note dated 12/17/2013 reported the injured worker complained of constant and persistent neck, back, bilateral shoulder, and bilateral wrist pain. The injured worker reported numbness to his fingers bilaterally. The medication regimen was reported to include Norco and Neurontin. The physical examination reported the cervical spine had decreased range of motion with flexion of 40 degrees and extension of 50 degrees. There was a positive shoulder depression, a positive Spurling's test bilaterally and decreased sensation bilaterally at 4/5 at C5, C6, C7 and C8. The diagnoses included bilateral rotator cuff syndrome, and bilateral wrist strain. The injured worker reportedly completed approximately 16 sessions of physical therapy. The request for authorization was submitted on 12/09/2013. A clear rationale for the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY, 2X6, FOR THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8-10 visits over 4 weeks in order to promote functional improvement. The clinical information submitted for review showed the injured worker had neck pain and bilateral wrist pain with numbness to his fingers bilaterally. The documentation provided notes for approximately 16 physical therapy sessions completed although, objective functional gains made was not clearly defined. In addition the most recent clinical note provided failed to show evidence of current functional deficits. Therefore as the guidelines support 8-10 visits to promote functional improvement, in the absence of current functional deficits, the request is not supported. Therefore this request for physical therapy 2x6 for the cervical spine is not medically necessary and appropriate.