

<b>Case Number:</b>	CM14-0001097		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 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 injured worker is a 40-year-old female who reported an injury on 09/06/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck and right upper extremity. The injured worker was evaluated on 12/06/2013. It was documented that the injured worker had previously participated in 4 sessions of physical therapy after her initial injury. It was noted that the injured worker had been using a transcutaneous electrical nerve stimulation (TENS) unit, which provided muscle relaxation and pain relief. Physical findings included limited range of motion of the cervical spine secondary to pain with decreased sensation in the C6-7 dermatomal distribution. The diagnoses included cervical disc displacement without myelopathy and pain in shoulder joint. A request was made for 12 physical therapy visits for the neck and upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWICE WEEKLY TO THE NECK AND UPPER EXTREMITIES, QTY: 12.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

**Decision rationale:** The clinical documentation does indicate that the injured worker only participated in approximately 4 visits of physical therapy at the time of the injury. However, the efficacy of that physical therapy was not provided. The California MTUS recommends up to 8 to 10 visits of physical therapy for radiculitis and neuralgia. The documentation does not indicate if the injured worker is participating in a home exercise program. The injured worker has persistent pain complaints that would benefit from further physical therapy. However, the request exceeds guideline recommendations of 8 to 10 visits. No exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy twice weekly to the neck and upper extremities, quantity 12, is not medically necessary or appropriate.