

<b>Case Number:</b>	CM14-0005431		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of March 31, 2011. A utilization review determination dated December 26, 2013 recommends non-certification of physical therapy, and certification of psychiatry consult. Non-certification of physical therapy was due to lack of documentation of functional improvement following 6 sessions completed on December 6, 2013. A progress report dated January 24, 2014 indicates that the patient is seen for a cervical spine condition. The note indicates that the patient has not had any formal treatment for her neck. She developed a gradual onset of neck pain which radiates into the left arm. Physical examination revealed reduced range of motion in the cervical spine as well as positive Spurling's test with pain radiating into the left upper back and upper arm. Paresthesias are noted in the left arm and hand. The diagnoses include chronic left cervical strain, cervical spondylosis with left cervical radiculopathy, and postoperative for left carpal tunnel and cubital tunnel syndromes and bilateral de Quervains. The treatment plan recommends physical therapy for the cervical spine. A progress report dated January 21, 2014 recommends treatment with medication. A progress report dated December 13, 2013 identifies that the patient has had her therapy for the neck but continues to have intermittent pain and spasm which is her primary complaint. The note recommends an additional 6 visits of therapy. The note goes on to state that the patient has had limited results to her therapy and has had limited treatment of 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, QTY 6.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has undergone physical therapy for the neck previously, as identified on a progress report dated December 13, 2013. There is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the request for additional physical therapy is not medically necessary.