

<b>Case Number:</b>	CM14-0105099		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 patient is a 61-year-old male who reported an injury on 02/28/2012. The mechanism of injury was a fall. Diagnoses included brachial neuritis, spinal stenosis of the cervical region, degeneration of cervical intervertebral disc, and complex regional pain syndrome. Past treatments included physical therapy of the cervical spine and medications. Pertinent diagnostic testing was not provided. Pertinent surgical history was not provided. The clinical notes dated 05/30/2014 indicated the injured worker stated that his neck and arm pain was improving. Physical examination of the cervical spine revealed motor strength rated 5/5, and intact sensation. Tenderness was noted over the paracervical and trapezius muscles. Current medications were not provided. The treatment plan included continued physical therapy once every 12 weeks for the cervical spine. The rationale for the request was to continue making improvements in regards to the cervical spine. The Request for Authorization form was completed on 06/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy once every 12 weeks (for the cervical spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for continued physical therapy once every 12 weeks (for the cervical spine) is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with radiculitis, to include 8 to 10 sessions over 4 weeks. The injured worker complained of neck and arm pain, which he stated was improving. In the physical therapy note dated 06/06/2014 the therapist noted that the injured worker had improved cervical spine range of motion and strength; however, there are no quantified values to measure these outcomes. The clinical documentation provided indicated the injured worker had completed 18 sessions of physical therapy. There is a lack of clinical documentation to indicate the injured worker currently had functional deficits regard range of motion and motor strength. Additionally, the request does not indicate the number of sessions to be completed, and continued therapy would exceed the guidelines recommendations. Therefore, the request for continued physical therapy once every 12 weeks (for the cervical spine) is not medically necessary.