

<b>Case Number:</b>	CM14-0013351		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 & 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:

Patient is a 47-year-old female who has submitted a claim for cervical spondylosis, cervical stenosis at C4-C5 with cervical radicular pain associated with an industrial injury date of 4/17/13. Medical records from 2013 were reviewed which revealed persistent cervical pain which radiated down to the left arm accompanied by weakness. There was also inability to move the left 3rd, 4th, and 5th fingers. Physical examination of the cervical spine showed bilateral cervical tenderness with facet loading. Hyperextension was at 15 degrees to the left side and 30 degrees to the right side. Forward flexion was easily tolerated. MRI of cervical spine dated 5/31/13 showed abnormal marrow signal involving the C4 vertebral body on the right side, with moderately severe right neural foraminal stenosis. Degenerative disc disease was noted, especially at the C3-4, C4-5, C5-6 levels, with right-sided neural foraminal stenosis. CT scan of the neck dated 6/12/13 showed considerable spondylosis, mainly at C3-4, C4-5 and C5-C6. There was right-sided neural foraminal osteophytic narrowing. Radiographic study of the cervical spine dated 7/16/13 showed degenerative diseases and lytic changes seen. Treatment to date has included, 9 PT sessions from 8/14/2013 to 9/4/2013, medial branch diagnostic block at C3-C4, C4-C5 and C5-C6 in 9/26/13 and medial branch radiofrequency neurotomy or ablation on 10/29/13. Medications taken include, Cymbalta, Norco and Tramadol. Utilization review from January 2, 2014 modified the request for physical therapy 3x a week for 3 weeks to once a week for 3 weeks. Guidelines recommend 10 PT sessions for sprains and strains of neck over 8 weeks. Patient had 9 sessions of PT to date. Partial certification was given to allow for instruction and oversight of independent home program exercise and strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES PER WEEK FOR THREE WEEKS TO CERVICAL SPRAIN: Upheld**

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient already completed 9 physical therapy sessions dated 9/04/2013. Patient had decreased subjective complaint and discomfort from previous PT sessions. However, there is no documentation regarding the necessity for additional physical therapy for the cervical spine. There is no discussion why the patient is still not versed to perform independent exercises at home. Therefore, the request for PHYSICAL THERAPY THREE TIMES PER WEEK FOR THREE WEEKS TO CERVICAL SPRAIN is not medically necessary.