

<b>Case Number:</b>	CM14-0016141		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	09/10/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Texas and Ohio. 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 56-year-old female who reported an injury on 09/10/2011 caused by an unknown mechanism of injury. On 06/26/2014, the injured worker complained of neck pain and bilateral upper extremity pain. The physical examination of the cervical spine revealed there was tenderness and a tight muscle band noted in the bilateral paravertebral muscles and tenderness noted at the paracervical muscles and trapezius with a positive Tinel's sign. The range of motion of the cervical spine was restricted with flexion and lateral rotation on the right and left limited to 50 degrees. The triceps, biceps, and brachioradialis reflexes on the right and left were 2/4. There was also pain noted with lateralization to the left and right of the cervical spine, as well as palpation of the lateral aspect of the cervical spine. The diagnoses included cervical pain; disc disorder, cervical; hand pain; lateral epicondylitis; ulnar neuropathy; wrist pain. The medications included Thermacare heat wrap, Ultram 50 mg, Nabumetone 500 mg, and Prilosec 20 mg. It was noted the injured worker had prior physical therapy. The treatment plan included for a decision of 6 additional physical therapy visits. The request for authorization was submitted on 01/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ADDITIONAL PHYSICAL THERAPY VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

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

**Decision rationale:** The request for 6 additional physical therapy visits is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that physical medicine provides short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. It can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines also recommend fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine; for Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The documentation provided on 06/26/2014 had lack of evidence of the outcome of the injured worker's prior physical therapy visits. The request did not indicate what part of the body the physical therapy is needed for. In addition, there were no conservative care measures listed for the injured worker, such as home exercise regimen. Given the above, the request 6 additional physical therapy visits is not medically necessary.