

<b>Case Number:</b>	CM14-0017180		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 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 62-year-old female who reported an injury on 01/05/2007. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her neck, lumbar spine, and bilateral hands and wrists. The injured worker's treatment history included surgical intervention to the bilateral wrists, aquatic therapy, multiple medications, and a home exercise program. The injured worker was evaluated on 12/10/2013. It was documented that the injured worker had restricted range of motion of the cervical spine with tenderness to palpation of the paraspinal musculature and decreased sensation in the bilateral C5 dermatomes. The injured worker's diagnoses included status post right Guyon's canal release, status post cubital tunnel release, bilateral carpal tunnel syndrome, chronic neck pain, chronic back pain, left cubital tunnel syndrome, left shoulder impingement syndrome, right volar "reticular" ganglion cyst, and chronic abdominal pain from medications. The injured worker's treatment plan included continuation of aquatic therapy, continuation of medications, and physical therapy for the cervical spine. It was noted that the injured worker had never received physical therapy directed towards the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 TOTAL SESSIONS OF PHYSICAL THERAPY (PT), 3 X PER WEEK FOR 6 WEEKS, FOR THE CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: The requested 18 total sessions of physical therapy (PT), 3 x per week for 6 weeks, for the cervical spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend physical therapy for injured workers that have pain complaints, weakness, and range of motion deficits. The clinical documentation does indicate that the injured worker has been participating in a home exercise program and aquatic therapy independently and continues to have range of motion restrictions secondary to pain. It is also noted within the documentation that the injured worker has never received any supervised physical therapy directed toward the cervical spine. California Medical Treatment Utilization Schedule recommends 8 visits to 10 visits of physical therapy for myofascial and radicular pain. The requested 18 sessions exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 18 total sessions of physical therapy (PT), 3 x per week for 6 weeks, for the cervical spine are not medically necessary or appropriate.