

<b>Case Number:</b>	CM14-0117408		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 59-year-old male with a 7/13/12 date of injury, status post carpal tunnel release and De Quervain's decompression on 10/22/13, and status post left carpal tunnel release on 6/5/14. At the time (6/12/14) of request for authorization for therapy (eval, re-eval, exercise) - cervical spine, there is documentation of subjective (moderate neck pain and stiffness, intermittent moderate right shoulder pain and stiffness, left wrist pain, and right wrist pain radiating to the hand and fingers with numbness) and objective (painful cervical range of motion with tenderness over the paraspinal muscles with spasms; decreased right shoulder range of motion due to pain with muscle spasms and tenderness to palpation over the shoulder musculature; and bilateral wrist painful range of motion with tenderness upon palpation of the volar wrists) findings, current diagnoses (cervical intervertebral disc degeneration, cervical disc protrusion, cervical muscle spasm, and cervical stenosis), and treatment to date (at least 18 physical therapy sessions to the cervical spine). There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPY (EVAL, RE-EVAL, EXERCISE) - CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine/Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical intervertebral disc displacement not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical intervertebral disc degeneration, cervical disc protrusion, cervical muscle spasm, and cervical stenosis. However, given documentation of at least 18 physical therapy sessions to the cervical spine completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for therapy (eval, re-eval, exercise) - cervical spine is not medically necessary.