

<b>Case Number:</b>	CM14-0146620		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Internal Medicine and is licensed to practice in 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 54-year-old female with a cumulative date of injury being reported as ending in April 6, 2014. She complains of neck pain with spasm and numbness and tingling in the upper extremities, bilateral elbow pain, bilateral wrist pain, mid back pain, bilateral knee pain, bilateral foot pain, anxiety and depression. The physical exam reveals tenderness to palpation and diminished range of motion of the cervical spine, thoracic spine, and both shoulders. The elbows show lateral epicondyle tenderness. The wrists are generally tender with a positive Tinel's, Phallen's, and Flicker tests. The neck is generally show tenderness of the medial joint line with mildly reduced flexion. The upper extremity neurologic exam reveals diminished sensation of the C5, C6, and C7 dermatomes. Upper extremity strength and reflexes are normal. Lower extremity sensation, strength and reflexes are normal. The diagnoses include cervical spine radiculopathy, degenerative disc disease, herniated nucleus pulposus, bilateral rotator cuff tear, tendinitis, and impingement syndrome, care of the right elbow common extensor tendon, bilateral epicondylitis, bilateral carpal tunnel syndrome, thoracic herniated nucleus pulposus, osteoarthritis and chondromalacia of both knees, bilaterally torn medial meniscus, plantar fasciitis, anxiety, and depression. There is documentation that the injured worker had physical therapy for three months following the injury and that at the conclusion of therapy there was limited benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 3 times a week x 6 weeks for the cervical spine and shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG Guidelines Neck and Upper Back, Physical therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface (Physical Therapy), Neck and Upper Back (Physical Therapy), Shoulder (Physical Therapy)

**Decision rationale:** The ODG guidelines specifically allow for up to 12 physical therapy visits over 8 weeks for brachial radiculitis and up to 10 physical therapy visits over 8 weeks for rotator cuff syndrome/impingement syndrome. In this instance, the documentation reflects that three months of physical therapy previously for the neck and shoulders had limited benefit. The documentation does not suggest that the injured worker has recently had surgery to the neck or shoulders and thus a new set of physical therapy guidelines does not need to be utilized. There is no evidence that a treatment plan geared towards the neck and shoulders would be different from that done originally. Therefore, physiotherapy 3 times a week for six weeks for the cervical spine and shoulders is not medically necessary per the referenced guidelines.