

<b>Case Number:</b>	CM14-0156409		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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:

56 yr. old male claimant sustained a work injury on involving the neck. He was diagnosed with cervical radiculopathy. He had used Norco and Naproxen for pain relief, received facet joint injections and had undergone physical therapy. A progress note on 6/25/14 indicated the claimant had neck pain, tingling and numbness in the fingers. Exam findings were notable for decreased range of motion of the neck and trapezial tenderness. The physician considered a neurosurgical evaluation. A recent request was made in September 2014 for 8 additional physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy (PT) x 8 visits:** 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 Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their

associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksIn this case, the amount of prior therapy sessions is unknown. The guidelines recommended less than 10 visits. There is no indication that the claimant cannot perform exercises at home. The request for 8 additional physical therapy sessions is not medically necessary.