

<b>Case Number:</b>	CM14-0157119		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/19/2005
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 57-year-old female who reported an injury on 03/19/2005. The mechanism of injury was not specified. Her diagnoses included herniated nucleus pulposus of the cervical spine at the C4-5, C5-6, and C6-7 levels; bilateral upper extremities radiculopathy; right shoulder sprain/strain; and bilateral elbow epicondylitis/tendinitis. Her surgical history and diagnostics were not provided. Her treatments included physical therapy, a home exercise program, and medications. On 07/18/2014, the injured worker reported that she continued to remain stable with her current medications and periodic therapeutic cervical epidural steroid injections which continued to help her neck pain and upper extremity radiculitis. She continued with intermittent shooting sensation into her upper extremity. She complained of a decline in her overall function due to her constant pain. She rated her pain at 4/10 to 5/10 to the neck and left arm. The physical examination of the cervical spine revealed flexion was at 40%, extension was at 30%, and she had decreased sensation at the C6-7 nerve distribution. Her medications were noted as Seroquel, fluoxetine, Vicodin 5/500 mg, Soma 350 mg, Prilosec, and lidocaine/flurbiprofen cream. The treatment plan is for physical therapy (cervical/bilateral upper extremities) 1x weekly for 8 weeks. The rationale for the request was to improve her overall function. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (cervical/bilateral upper extremities) 1x8:** 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 California MTUS/ACOEM Guidelines, passive therapies can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. The guidelines indicate up to 10 visits of physical therapy for radiculitis. The injured worker complained of intermittent shooting sensation into her upper extremities with headaches with a decline of her overall function due to her constant pain. It was noted that the injured worker previously attended physical therapy; however, it is unclear as to how many sessions the injured worker completed. Also, there was no indication as to what the objective findings were after completing the physical therapy. There is no documentation showing progress made from her previous physical therapy visits. Due to insufficient clinical information regarding past physical therapy treatment, the request is not supported. As such, the request is not medically necessary.