

<b>Case Number:</b>	CM14-0159163		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury 2/9/2009. Per progress report dated 8/20/2014, the injured worker has continued neck pain as well as bilateral arm pain. She has maintained her symptoms without recent flare. She recently had Botox on a nonindustrial basis on 8/18/2014. The recent addition of Lidocaine ointment has been extremely helpful. On examination she has palpable taut bands along her anterior and middle scalene, superior trapezius, levator scapulae, cervical paraspinal and rhomboid muscles. Diagnoses include 1) bilateral neurogenic thoracic outlet syndrome 2) cervical spondylosis with chronic myofascial pain 3) right lateral epicondylitis 4) right ulnar neuropathy at the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) physical therapy sessions for the thoracic and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The requesting physician explains that the injured worker reports previous benefit from physical therapy, and that she may benefit from a short course of physical therapy

working on first rib mobilization to see if this does not help decompress the costoclavicular region. She has previously experienced some flares with some myofascial work, so caution will be necessary with this approach. Her last therapy was in Fall 2013. She can tolerate a total of one hour per day of mousing, which is broken up into three 20 minute intervals. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has been injured for over five years, and is reported to last have therapy less than one year ago. The total amount of therapy that she has had is not reported. She is reported to not have any new injuries or flares. It is expected that therapist led physical medicine is to be replaced with a home exercise program. The status of a home exercise program is not addressed. It is also not explained why a physician directed home exercise program would not be sufficient. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Eight (8) physical therapy sessions for the thoracic and cervical spine is determined to not be medically necessary.