

<b>Case Number:</b>	CM14-0166940		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 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 patient is an injured worker with the diagnoses of cervical radiculopathy and lumbosacral radiculopathy. Date of injury April 10, 2013. Primary treating physician progress report dated June 25, 2014 documented subjective complaints of neck and lower back pain radiating into the upper and lower extremities. The patient was considered a candidate for lumbar and cervical surgeries. However, she is attempting to avoid surgery and wishes to continue with conservative management. She also continues to have right knee pain with locking, popping and instability. On physical examination, the patient is walking with an antalgic gait. Spasm and tenderness are noted in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. Decreased sensation is noted over the C6 and L5 dermatomes with pain. She has difficulty with toe and heel walking as well as weakness with elevation of arms. Patellar crepitus and medial and lateral joint line tenderness are noted with flexion and extension of the right knee. She is performing her usual and customary work duties. Diagnoses were cervical radiculopathy, lumbosacral radiculopathy, lateral epicondylitis, wrist tendinitis bursitis, and knee tendinitis bursitis. Primary treating physician progress report dated August 6, 2014 documented that 12 sessions of acupuncture had been approved. An additional 12 visits of physical therapy were approved on May 6, 2014. Primary treating physician progress report dated September 3, 2014 documented subjective complaints of neck and lower back pain. Spasm, tenderness, and guarding were noted in the paravertebral muscles of the cervical and lumbar spine along with decreased range of motion. The patient was provided with 12 sessions of physical therapy previously. Treatment plan included a request for additional 12 sessions of physical therapy. Utilization review determination dated 10/2/14 documented that 24 visits of physical therapy were previously approved.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x 12 visits for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT), Neck and Upper Back (Acute & Chronic) Physical therapy (PT).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommends 10 visits for lumbar sprains and strains. Official Disability Guidelines (ODG) recommends 10 visits for sprains and strains of neck. Medical records indicate that the patient had previously been approved for 24 physical therapy visits and 12 acupuncture treatments. Twelve visits of physical therapy were approved on May 6, 2014. The primary treating physician progress report dated September 3, 2014 documented a request for an additional 12 sessions of physical therapy. MTUS and ODG guidelines allow for up to 10 physical therapy visits. Per ODG guidelines, when the number of visits exceeds the guidelines, exceptional factors should be noted. The patient had previously been approved for 24 physical therapy visits. Functional improvements were not detailed. No exceptional factors were noted supporting the request to exceed the guideline recommendations. Therefore, the request for 12 additional physical therapy visits is not supported by MTUS and ODG guidelines. Therefore, the request for additional physical therapy x 12 visits for the cervical spine is not medically necessary.