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| <b>Case Number:</b>   | CM14-0178208 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 05/21/2014 |
| <b>Decision Date:</b> | 12/15/2014   | <b>UR Denial Date:</b>       | 10/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2014 |

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 a 53 year old with an injury date on 5/21/14. Patient complains of gradually improving left-sided neck pain, into trapezius, and down left arm with left index finger numbness persisting per 8/25/14 report. Patient had 3 sessions of physical therapy recently and "feels about 30% improved" per 8/25/14 report. Based on the 8/25/14 progress report provided by [REDACTED] the diagnoses are: 1. work related injury 2. Neck pain on left side 3. Cervical radicular pain Exam on 8/25/14 showed "C-spine range of motion limited in all planes, especially extension/flexion." Patient's treatment history includes medication (currently hydrocodone, cyclobenzaprine, and unspecified NSAIDs), Ice/heat, and 18 chiropractic visits with some relief, and 8 acupuncture treatments with some relief. [REDACTED] is requesting physical therapy (PT) twelve (12) sessions to the cervical. The utilization review determination being challenged is dated 10/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/14/14 to 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (PT) twelve (12) sessions to the cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition: [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html) 8 C.C.R. 9792.20 - 9792.26 MTUS

(Effective July 18, 2009) page 98 of 127 and The Official Disability Duration Guidelines, Treatment In Workers Compensation, 2014 web-based edition

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

**Decision rationale:** This patient presents with neck pain. Patient had 3 sessions of physical therapy recently with "some relief" and "about 30% improvement per 8/25/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgia's and neuralgias. The physician does not indicate any rationale or goals for the 12 sessions of therapy. As the patient has already had 3 sessions, the requested 12 additional sessions exceed what is allowed by MTUS for this type of condition. Recommendation is for denial.