

<b>Case Number:</b>	CM14-0184459		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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, has a subspecialty in Pain 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 injured worker is a 56-year-old female with a date of injury of 1999. The patient's industrially related diagnoses include lateral epicondylitis, cervicgia, cervical strain, brachial neuritis and sprain of muscle. Per notes, patient has attended 6 sessions of physical therapy "to the bilateral hands and elbow in 2/2013. Prior treatments include soma, Ambien, ibuprofen, diazepam and Tylenol #3. Patient has had x-rays of the right wrist and hand suggestive of calcific tendinitis of flexor carpi radialis. MRI of the cervical spine completed 3/9/2012 noted "mild multilevel generative changes with no acute findings. There is prior mention of a request for EMG and NCS that was refused by the patient. The most recent examination reports "mild swelling on the right wrist laterally at the base of the right thumb. Right wrist range of motion is decreased. Cervical range of motion and shoulder range of motion is decreased. Prior notes state strength in the bilateral upper extremities is grossly 5/5 and the patient is tender to palpate in the right trapezius and right cervical paraspinal. The disputed issues are requests for physical therapy two times a week for 6 weeks for the cervical spine. A utilization review determination on 10/13/2014 had noncertified these requests. The stated rationale for the denial was the request as written is not medically reasonable and necessary and references the Official Disability Guidelines for cervicgia, cervical spondylosis and strains and sprains of neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine, twice weekly for six weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition, Neck Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

**Decision rationale:** In the case of this injured worker, the submitted documentation requested 12 visits for physical therapy for neck pain. The available notes are from pain management and physical medicine & rehabilitation. The request is from the treating neurologist but these notes are not available for review. The documented diagnoses from available notes include cervicalgia and cervical strain. According to the ODG guidelines for cervicalgia, physical therapy is recommended for 9 visits over 8 weeks and for Sprains and strains of neck 10 visits over 8 weeks. Therefore this request for 12 sessions of physical therapy is not medically necessary.