

<b>Case Number:</b>	CM14-0020957		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; unspecified amounts of physical therapy over the life of the claim; and earlier cervical fusion surgery. In a utilization review report of August 22, 2013, the claims administrator stated that 6 to 12 sessions of physical therapy being sought at that point had been administratively certified by a nurse. In a utilization review report of January 22, 2014, the claims administrator denied 12 sessions of physical therapy through a physician reviewer. On August 12, 2013, the applicant was described as reporting persistent complaints of neck pain and had reportedly underwent a cervical epidural steroid injection. 5/5 upper strength was appreciated. The applicant was asked to consider further cervical spine surgery. On January 6, 2014, the applicant was described as having persistent complaints of neck pain. The applicant had completed 12 sessions of physical therapy, which were reportedly not helpful to minimally helpful. The applicant had 5/5 strength. MRI imaging demonstrated evidence of an incomplete cervical fusion at C4-C5 and electrodiagnostic testing apparently demonstrated evidence of residual cervical radiculopathy at C7-C8 with superimposed ulnar neuropathy. The applicant's work status was not clearly stated. The applicant was asked to pursue physical therapy with a different physical therapist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X6 FOR THE NECK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The 12-session course of treatment proposed here would, in and of itself, represent treatment in the excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. In this case, the applicant has had extensive prior treatment over the life of the claim, including 12 earlier treatments in 2014 and 6 earlier treatments in 2013, per the claims administrator. The applicant does not appear to have improved appreciably following completion of the same. The applicant is now considering or contemplating cervical spine surgery. The applicant does not appear to have returned to work. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in excess of the guideline. Therefore, the request for additional physical therapy is not medically necessary.