

<b>Case Number:</b>	CM14-0022433		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 61 year old female who was injured on 07/15/2011 while lifting a mattress which weighed 35 pounds. She had neck and upper back pain. It has gotten worse which radiates to her posterior left arm to the elbow. Prior treatment history has included cervical epidural steroid injection (no relief). The patient's medications are tramadol, Robaxin, gabapentin and Lyrica. According to the UR note the patient had physical therapy progress evaluation and electrodiagnostic studies, however, there was no documentation submitted for our review. Progress note dated 09/23/2013 documents objective findings on examination of the cervical spine to show range of motion is 45 degrees right rotation, 60 degrees left rotation, right lateral flexion 15 degrees, 30 degrees flexion, extension is 0 degrees due to pain. Right lateral rotation causes shooting pain to the upper back. Flexion causes pain down her neck shooting into the left elbow. She has no tenderness to palpation to the cervical paraspinal muscles. Muscle strength is 4+/5 on the left extensor indices. Diagnoses: Cervical degenerative disc disease with radiculopathy, Herniated nucleus pulposus. Treatment: Transforaminal epidural steroid injection on left C6-C7, physical therapy and try gabapentin again. UR report dated 01/22/2014 documented the request for physical therapy 2x week x 6 weeks for the cervical was not certified. The clinical information submitted for review indicates the patient has undergone prior physical therapy, but there are no initial or interim evaluations to determine the patient's progress, and no documentation of the patient's compliance with therapy or with her home exercise program. 1/3/14 PT note indicated that the patient reported prior PT 8/2011 and 9/2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS CERVICAL:** Upheld

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

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

**Decision rationale:** As per Chronic pain medical treatment guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Additionally, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. UR report dated 01/22/2014 documented that 1/3/14 PT note indicated that the patient reported prior PT 8/2011 and 9/2011. The patient has undergone prior physical therapy no other reason is given in the medical records as to why repeat PT is needed. Therefore, the medical necessity of the request is not medically necessary.