

<b>Case Number:</b>	CM14-0028331		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 32 year old female who was injured on 07/22/13 while lifting a mattress. The injured worker complains of neck pain, right upper extremity pain, and right shoulder pain. The injured worker is diagnosed with a sprain/strain of the right wrist, sprain/strain of the right shoulder and neck sprain. Treatment for the cervical spine and right upper extremity has included medication management, bracing, modified duty, and physical therapy. Records indicate the injured worker has participated in 12 visits of physical therapy from 08/18/13 to 09/09/13. Most recent physical therapy note dated 09/09/13 states the injured worker's condition is slowly improving and notes the injured worker's functional status is unchanged. Comparison of physical examinations from the initial physical therapy evaluation dated 08/08/13 and the most recent physical therapy visit reveal the following changes: Cervical flexion from 40 to 43, cervical extension from 32 to 31, right wrist flexion from 52 to 48 and right wrist extension from 60 to 59. Right shoulder ROM reveals no changes. Progress note dated 12/16/13 notes the injured worker complains of neck pain and right arm/hand pain which has persisted with no change since the last visit. Cervical ROM is reported to be 50% of expected. This note indicates the injured worker demonstrates no motor deficit of the upper limbs, hyporeflexic upper extremity DTRs, positive Phalen and Tinel's signs and sensory deficit in the C7-8 distribution of the left arm. A request is submitted for 8 additional visits of physical therapy for the cervical spine and right upper extremity. This request is denied by UR dated 01/06/14 and states that the injured worker has received 12 visits of physical therapy previously. It is noted guideline recommendations are for 9-10 visits over 8 weeks for this diagnosis. This is an appeal request for 8 visits of physical therapy for the cervical spine and right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE AND RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WEB VERSION, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL THERAPY, PAGE 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99 of 127.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state, "Active therapy 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." The records submitted for review include physical therapy notes from a previously conducted 12 visit course of treatment. The most recent physical therapy note included a comparison of objective function measurements taken at the initial visit and the same measurements obtained at the completion of the course of treatment. These measurements did not reveal significant functional improvement. Records indicate the injured worker reports pain has persisted without significant improvement. Moreover, the guidelines allow for up to 9-10 visits of physical therapy for this diagnosis. The injured worker has previously participated in 12 visits. There are no exceptional factors included for review which would warrant approval of treatment in excess of guideline recommendations. There are no barriers noted which would prevent the injured worker from participating in a home exercise program. Based on the clinical information provided, medical necessity of an additional 8 visits of physical therapy for the cervical spine and right upper extremity is not established.