

<b>Case Number:</b>	CM14-0049803		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 injured worker is a 53-year-old male who reported an injury on 05/16/2013 working at [REDACTED] as associate he had developed a pulmonary emboli. On 08/14/2013 the injured worker underwent an MRI of the cervical spine that revealed anterior and posterior osteophytes noted at the C4-5, C5-6, and C6-7 levels; there was associated mild narrowing of the spinal canal at these levels as well as moderate narrowing of the right C5 and right C6 neural foramina. The injured worker underwent an MRI on the thoracic spine that revealed mild decreased disc height with disc desiccation was seen involving several of the mid thoracic intervertebral disc; there were no disc bulges or protrusions identified. On 06/17/2014, the injured worker complained of right shoulder pain. On the physical examination of the cervical spine revealed tenderness to palpation in the upper, mid, and lower paravertebral and trapezius muscle. It was noted that the range of motion flexion was 40 degrees with 30 degrees right lateral bending; 40 degrees left lateral bending, 55 degrees right lateral rotation, 55 degrees left lateral rotation, and 40 degrees extension. There was increased pain with cervical motion and the Spurling, Adson and Wright maneuver test were negative. On the physical examination of the thoracic spine revealed tenderness to palpation upper, mid and lower paravertebral muscles with mild limitation of motion. There were no medications listed for the injured worker. The diagnoses included cervical sprain/strain, thoracic spine strain, degenerative joint disease/degenerative disc disease, cervical spine and thoracic spine, right rotator tendinitis, full thickness rotator cuff tear and impingement syndrome and right medial epicondylitis/mild cubital tunnel syndrome and degenerative joint disease of the left hip. It was noted that the injured worker had attended chiropractic treatment sessions with 75% of improvement on his neck but minimum improvement on his back. The plan included for decision for physical medicine procedure 3 visits. The authorization for request was submitted on 06/17/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine procedure 3 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for physical medicine procedure 3 visits is not medically necessary. Chronic Pain Medical Treatment Guidelines states that physical medicine provides short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. 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. Therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement of levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines also state that physical medicine should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. The documents provided on 06/17/2014 lack evidence of conservative care such as, the injured worker's pain medication management and home exercise regimen. In addition, there was no rationale given why the injured worker requires physical medicine procedure 3 visits and the request did not state the location where the injured worker needs physical medicine. Given the above, the request for physical medicine procedure 3 visits is not medically necessary.