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| <b>Case Number:</b>   | CM14-0054021 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 06/14/2012 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 04/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2014 |

### 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 Internal Medicine and is licensed to practice in Arizona. 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 61year old woman with a work-related injury dated 6/14/12 resulting in chronic neck pain. The patient was examined by the primary provider on 2/12/14. At this time she was complaining of continued pain in the neck, right shoulder and right wrists for over two years. The patient stated that her symptoms remained unchanged since the injury. She takes Tylenol extra strength for pain. X-rays of the cervical spine taken 12/10/12 showed mild degenerative changes in the cervical spine. The exam was negative for cervical lordosis, asymmetry or abnormal curvature. The range of motion is decreased and paravertebral muscles have spasm and tenderness. The diagnosis includes cervical strain, shoulder pain, wrist pain and carpal tunnel syndrome. The patient has had eight visits of physical therapy previously described as providing mild pain relief. Under consideration is the additional physical therapy requested on 4/1/14. During utilization review dated 4/9/14, physical therapy 2 times/week x6 for cervical spine pain was declined.

### 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 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20-26.

**Decision rationale:** Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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 use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine when sufficient subjective and objective documentation of functional improvement is noted and an ongoing deficit is present that warrants continuation of formal physical therapy as opposed to a home exercise program. In this case the patient has previously been treated with 8 visits of physical therapy with minimal improvement. The previous physical therapy was sufficient to instruct the patient for a home exercise program. The additional 12 sessions of physical therapy are not medically necessary.