

<b>Case Number:</b>	CM14-0062712		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/20/2006
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 patient is a 58-year-old male who has submitted a claim for cervical spinal stenosis, cervical degenerative disc disease, left shoulder cuff tear, left shoulder SLAP repair, and left shoulder arthritis associated with an industrial injury date of May 20, 2006. Medical records from 2014 were reviewed. The patient complained of persistent left sided neck pain and left shoulder pain. The pain was described as burning with paresthesia noted on the left arm extending over the dorsum of the forearm and into the dorsum of the hand, thumb and index fingers. Physical examination showed moderate tenderness over the posterior aspect of the neck, left paracervical muscles, and proximal and mid trapezius. There was localized tenderness over the anterior and lateral aspect of the left shoulder. Range of motion of the neck and left shoulder was limited. Spurling's test was positive. Impingement sign and supraspinatus stress testing on the left was positive. There was diminished sensation over the radial aspect of the left forearm and 4/5 motor strength on left wrist extension and grip strength. MRI of the cervical spine, dated January 31, 2014, revealed new moderate degenerative changes at C4-C5 resulting in mild-to-moderate spinal canal stenosis and moderate right and severe left neural foraminal narrowing which may impinge the C5 nerve roots, focal central disc protrusion at C5-C6 resulting in moderate spinal canal stenosis, worsening of the C3-C4 moderate left neural foraminal narrowing from uncovertebral and facet joint hypertrophy, C6-C7 ACDF with stable moderate-to-severe right neural foraminal narrowing, and stable T2-T3 moderate bilateral neural foraminal narrowing from a disc bulge. Treatment to date has included medications, activity modification, cervical spine fusion, left shoulder steroid injection, and cervical transforaminal epidural injection. Utilization review, dated April 29, 2014, denied the request for physical therapy for cervical spine 2x4 qty. 12. Reasons for denial were not made available.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy for cervical spine 2x4-6 quantity 12: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical therapy.

**Decision rationale:** As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10-12 visits over 8 weeks for displacement of cervical intervertebral disc. In this case, the patient has persistent and significant amount of left sided neck pain and left shoulder pain. Physical examination showed that the patient appears to be in pain with tenderness on the neck, limited range of motion and positive left sided Spurling's test. The patient was assessed with cervical spinal stenosis and cervical degenerative disc disease. A progress report dated February 26, 2014 stated that he has been experiencing progressive symptoms of neck pain. The medical necessity of physical therapy of the cervical spine has been established. Therefore, the request for Physical Therapy for cervical spine 2x4-6 quantity 12 is medically necessary.