

<b>Case Number:</b>	CM14-0065210		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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 66 year-old male, who sustained an injury on March 8, 2011. The mechanism of injury occurred from, collecting and pushing carts. Diagnostics have included: April 18, 2012 cervical spine MRI was reported as showing C6-7 disc osteophyte with bilateral foramina stenosis, C5-6 left central disc protrusion with central canal stenosis, C3-4 disc bulge with mild bilateral foramina stenosis, C5-6 central disc protrusion and central canal stenosis; Electromyogram (EMG)/Nerve Conduction (NCV) dated May 2, 2013 was reported as showing bilateral carpal tunnel syndrome and bilateral ulnar neuropathy at the elbows. Treatments have included: chiropractic, massage therapy, acupuncture, physical therapy, medications, and cervical medial branch blocks. The current diagnoses are: cervical spondylosis, cervical sprain, radicular syndrome of the upper extremities. The stated purpose of the request for Outpatient physical therapy (PT) for nine (9) sessions for the cervical spine, was not noted. The request for Outpatient physical therapy (PT) for nine (9) sessions for the cervical spine, was not medically necessary on April 11, 2014, citing a lack of documentation of significant pain and minimal exam findings. Per the report dated March 19, 2014, the treating physician noted complaints of pain to the neck and shoulder, rated as 3/10, with some improvement from a course of Medrol Dosepak. Exam findings included restricted cervical range of motion due to pain. Per the report dated April 21, 2014, the treating physician noted neck and bilateral upper extremity pain, rated between 3/10 and 7/10. Exam findings included; taut and tense cervical muscles with tenderness, full and intact range of motion, normal neurologic exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy (PT) for nine (9) sessions for the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy.

**Decision rationale:** The requested Outpatient physical therapy (PT) for nine (9) sessions for the cervical spine, is not medically necessary. The injured worker has neck and bilateral upper extremity pain, rated between 3/10 and 7/10. The treating physician has documented taut and tense cervical muscles with tenderness, full and intact range of motion, normal neurologic exam. The treating physician has not documented, sufficient objective evidence of; derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Outpatient physical therapy (PT) for nine (9) sessions for the cervical spine, is not medically necessary.