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| <b>Case Number:</b>   | CM14-0068983 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 06/19/1994 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 05/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2014 |

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/19/94. A utilization review determination dated 5/7/14 recommends non-certification of PT. On 5/8/14 medical report identifies that PT was intended to treat flare-up of neck pain that occurred after she stepped into a shallow hole. She noticed mild to moderate relief after OTC NSAIDs and muscle relaxants. Neck pain is a little worse at 4/10 (previously 2/10). She has tried PT, the last time 6-7 years ago. Pain ranges from 4 to 6/10. She states that she had difficulty performing ADLs due to pain. On exam, there is severe tenderness with swelling and stiffness left trapezius and levator scapulae muscles. Mild ROM limitations are noted. There is decreased sensation along the left C5, C6, and C7 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-3x week x 4 weeks to the neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 OF 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Preface.

**Decision rationale:** Regarding the request for Physical Therapy 2-3x week x 4 weeks to the neck, California MTUS supports up to 10 PT sessions to treat chronic musculoskeletal injuries while ODG recommends a 6-session trial in order to demonstrate functional benefit before additional sessions are recommended. Within the documentation available for review, there is documentation of completion of prior PT sessions 6-7 years ago. The patient had a recent flare-up of symptoms due to stepping in a shallow hole, with an increase in pain, some ROM limitations, and difficulty performing unspecified activities of daily living. While a few PT sessions may be appropriate to address the patient's flare-up and progress her back into an independent home exercise program, the requested number of sessions exceed the recommendations of both the CA MTUS and ODG. Unfortunately, there is no provision for modification of the current request to allow for a supported amount of physical therapy sessions. In light of the above issues, the currently requested Physical Therapy 2-3x week x 4 weeks to the neck is not medically necessary.