

<b>Case Number:</b>	CM14-0072585		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/01/1998
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 claimant was injured due to cumulative trauma on multiple dates in 1998 through 2000. Physical therapy was requested and was denied on 05/15/14. The claimant injured her neck and left shoulder. She was diagnosed with repetitive strain injuries of her upper extremities and also had degenerative changes in the cervical spine on MRI. She attended physical therapy in the past since her injury. She had physical therapy and manipulative techniques in the past without much benefit. On 07/11/14, she was seen and evaluated by [REDACTED]. She had multiple studies over the years. She was admitted to the hospital. She had a significant C4-5 disc herniation. She underwent surgery on 07/14/14 for herniated disc that was large and at C4-5 level. She attended a physical therapy initial evaluation on 07/11/14. She reported a flareup of her left upper extremity pain. She had just finished occupational therapy. It appears that the denial dated 05/15/14 is under review, not the postop physical therapy after the surgery of 07/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130.

**Decision rationale:** The history and documentation do not objectively support the request for PT on 03/31/14. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Prior to that date, the claimant had a history of having attended PT without significant benefit. She went on, a few months later, to undergo surgery on her cervical spine for a disc injury. The course of treatment and goals are not described. There is no evidence that the claimant was likely to receive significant benefit from PT since a pain program was also recommended. It would appear that she had completed a course of conservative care prior to this request. The request for PT that appears to have been ordered on 03/31/14 was not medically necessary.