

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0076257 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 03/06/2001 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 05/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2014 |

### 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 female patient with the date of injury of March 6, 2001. A Utilization Review was performed on May 7, 2014 and recommended modification of physical therapy 2 x per week x 4 weeks for the neck to physical therapy 6 sessions for the neck. An evaluation dated April 25, 2014 identifies increased discomfort affecting the posterior cervical area. She reports aching pain radiating toward the intrascapular region with increasing posterior cervical pain and occipital headaches. She reports aching pain in both hands with some paresthesias affecting both hands. Examination identifies tenderness on palpation of the posterior cervical musculature bilaterally. She also has pain with extension and lateral bending left and right with discomfort radiating toward the intrascapular area. Pinprick sensation is decreased in the 2nd through 5th digits of the left hand and 1st and 2nd digits of the right hand. Assessment identifies flare of discomfort affecting the cervical spine. Treatment Plan identifies request physical therapy twice a week for a total of 8 visits to increase cervical mobility, optimize range of motion and decrease muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, two sessions per week for four weeks for the neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, two sessions per week for four weeks for the neck, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of 6 physical therapy visits. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends up to 12 physical therapy visits. Within the documentation available for review, there is indication that the patient is having a flare-up of her condition. A trial of physical therapy visits may be appropriate. However, the request exceeds guidelines for an initial trial. Unfortunately, there is no provision in place to modify the request. As such, the current request for physical therapy, two sessions per week for four weeks for the neck is not medically necessary.