

<b>Case Number:</b>	CM14-0081102		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/13/2014
<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 and Pain Management, has a subspecialty in Interventional Spine 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 63-year-old male with date of injury of 09/06/2012. The listed diagnoses per the treating physician dated 05/23/2014 are, positional hypoxemia due to right hemi-diaphragmatic paralysis, right diaphragmatic paralysis most likely as a result of seat belt restriction and flexion-extension injury, severe sleep apnea as a result of diaphragmatic injury, severe headaches from musculoligamentous origin resulting from flexion, extension type of injury, which occurred in the auto accident, severe cervical sprain with cervical disk injury at C5-6 with 3- to 4-mm broad right disk protrusion with moderately right greater than left foraminal stenosis and moderate central canal stenosis, severe cervical sprain with cervical disk injury at C4-7 with 4- to 5-mm left foraminal protrusion with moderately severe left neuroforaminal stenosis and moderate left central canal stenosis, severe cervical sprain with cervical disk injury at C3-4 with a 3-mm broad left more posterior protrusion with moderate left neuroforaminal stenosis and mild right neuroforaminal stenosis. mild central canal narrowing, severe cervical sprain with cervical disk injury at C5-6, cervical sprain with cervical disk injury at C7-T1, dyspnea, status post motor vehicle accident, concussion, and status post motor vehicle accident. According to this report, the patient complains of a recent flareup of his neck while at work. Neck pain has been constant the last few weeks especially when moving his head to the right side. He is dependent on a BiPAP machine for breathing. The objective findings show there is tenderness of the scalene musculature. There is cervical tenderness present. Muscle strength testing on the right trapezius and rhomboids are 3- to 4/5. There is decrease sensation along the C3-7 nerve distribution. Spurling's maneuver is positive. Hyperextension and rotation of the cervical spine produces radiculopathy to the right.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy (2x4) 2x's a week for 4 weeks, 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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** This patient presents with cervical pain. The treating physician is requesting 8 additional physical therapy sessions for the cervical spine. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records show 26 physical therapy reports for this review. The physical therapy report dated 04/09/2014 shows that the patient has made excellent gains since initiating physical therapy. He has improved postural awareness and his range of motion and functional strength are within normal limits with a good understanding of his home exercise program. While the patient reports a recent flare-up, the documents show that his range of motion and strength are now within normal limits. Furthermore, the requested 8 sessions when combined with the previous 26 visits would exceed what is allowed by the MTUS. The patient should be able to continue his home exercise program to improve/maintain range of motion and strength. The recommendation is for denial. As such, the request is not medically necessary.