

<b>Case Number:</b>	CM14-0092485		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 & 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 a 40 year old injured worker that had a work related injury dated August 12, 2012 that resulted in pain in the lower back, shoulder and right wrist. The documentation dated June 2, 2014 reflected the worker had constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain was characterized as sharp with radiation of pain into the upper extremities. The worker also reported tension in the shoulder blades and headaches that was migraine in nature. Pain was characterized as worsening in intensity and was rated 8 on a scale of one to ten. On exam, the physician noted palpable paravertebral muscle tenderness with spasm, range of motion limited with pain, standing flexion and extension was guarded and restricted. Past medical treatment had included chiropractic therapy, massage therapy, anti-inflammatory medication, gastric reflux medication, opioid pain medication and medication for migraine headaches. At the visit on June 2, 2014, the physician requested physical therapy two times per week for six weeks. Per the UR determination dated June 9, 2014, the request for twelve physical therapy sessions twice weekly was modified for two times per week for 5 weeks. The rationale for the decision reflected that considering the pain and clinical deficits noted despite trials of chiropractic treatment and massage, a trial of physical therapy would be reasonable and necessary for requested treatment, but for a trial period of eight to ten visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2x6 of the cervical spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** In the case of this injured worker, the submitted documentation indicates that the patient has a component of cervical radiculopathy in addition to cervicgia. This radiculopathy is documented in a progress note on 4/8/2014. While the Chronic Pain Medical Treatment Guidelines state that formal physical therapy should be tapered to self-directed exercises, there is no specification of course or duration of PT with regard to this diagnosis. The Official Disability Guidelines more specification state for Brachial neuritis or radiculitis NOS (ICD9 723.4): "12 visits over 10 weeks." Thus, utilizing these more specific guidelines, it appears appropriate to allow the patient a full 12 visit course of PT. This request is medically necessary.