

<b>Case Number:</b>	CM13-0072058		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/27/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 injured worker is a 53-year-old female, who sustained an industrial injury on March 27, 2010. She reported injury after getting out of a golf cart, and twisted her left knee, ankle, and foot. The injured worker was diagnosed as having pelvic joint pain, cervicgia, and radiculopathy/radiculitis. Treatment to date has included medications, two knee surgeries, cortisone injections, acupuncture, heat and ice applications, lumbar sympathetic block, transcutaneous electrical nerve stimulation unit, and physical therapy. Currently, the injured worker complains of increased pain with radiation from the back into her left upper extremity, neck, and lower extremity. She rates her pain as 7/10 on a pain scale, and indicates her pain is worse with bending, going up stairs, lifting and sitting for long periods. Physical findings reveal pain and tightness in the neck. Cervical spine range of motion is: flexion 50 degrees, extension 45 degrees, rotation 50 degrees to the right, 60 degrees to the left, and lateral bending is 15 degrees to the right, 20 degrees to the left. The UR found the request six sessions of Physiotherapy for the neck and upper right extremity non-certify due to lack of documentation of previous physical therapy and lack of indication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy (6-sessions for the neck and upper right extremity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks; Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do indicate prior physical therapy. The results of previous physical therapy is not known. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines necessitating additional sessions. As such, the request is not medically necessary.