

<b>Case Number:</b>	CM14-0177411		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal 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 injured worker (IW) is a 57-year-old man with a date of injury of August 19, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are history of left cervical foraminal stenosis, C6-C7, with recent flare of soft tissue pain; and flare of elbow pain, improved with physical therapy. The most recent progress note by the treating physician is dated April 30, 2014. The IW complains of neck and elbow pain. The reports physical therapy (PT) helped. Physical examination reveals mild soft tissue tenderness to palpation of the posterior neck and shoulder. Spurling's test is negative. Neurovascular exam to the upper extremities was intact without focal deficit. A letter written by the primary treating physician dated September 4, 2014 indicated the IW recently completed PT for his neck and elbow, which he found very helpful. The physical therapist is recommending additional PT, and the IW is in agreement with that. Physical exam reveals steady gait and posture. Cervical spine range of motion is within normal limits. Spurling's test is negative bilaterally. Documentation indicated the IW has completed 12 sessions of PT. The current request is for 12 additional outpatient PT sessions for the cervical spine, 2 times a week for 6 weeks. The daily rehabilitation charting notes from May 19, 2014 and May 27, 2014 indicate the IW had left forearm soreness. However, there is no objective clinical information or documentation. There are no progress noted /documentation indicating treatment of the cervical spine with associated objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve additional physical therapy for the cervical spine, 2 sessions per week for 6 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 additional physical therapy visits for the cervical spine, two sessions per week for six weeks are not medically necessary. 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 negative direction (prior to continuing with physical therapy). The Official Disability Guidelines enumerate the frequency and duration of recommended physical therapy based on disease state. In this case, the date of injury is August 19, 2011. A progress note dated September 4, 2014 from the [REDACTED] indicates the injured worker recently completed physical therapy for his neck and elbow which he found to be very, very helpful. The discussion states we will request an additional eight visits to continue the current program. Daily rehabilitation charting notes from May 19, 2014 and May 27, 2014 indicate left forearm soreness, however, there is no objective clinical information document. There were no progress notes/documentation indicating treatment of the cervical spine with associated objective functional improvement. The guidelines recommend a formal assessment after a six visit clinical trial to see if the patient is moving in a positive direction. There is no documentation to support this recommendation. There was a sole progress note dated April 30, 2014 with a cursory physical examination from the treating primary physician dealing with the initial 12 physical therapy visits. There were no follow up progress physician notes. Consequently, absent the appropriate clinical documentation with a specific clinical rationale indicating why an additional 12 physical therapy sessions are indicated, 12 additional physical therapy visits for the cervical spine, two sessions per week for six weeks are not medically necessary.