

<b>Case Number:</b>	CM14-0187726		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 54-year-old woman with a date of injury of May 13, 2014. The mechanism of injury occurred as a result of cumulative trauma using her computer keyboard and mouse. Pursuant to the progress reports dated September 29, 2014, the IW complains of pain in the neck rated 6-7/10. The pain radiates to the bilateral shoulders and arms. She has occasional numbness and tingling. She denies any new weakness or numbness. She has been taking Tylenol #3, and Kera-Tek analgesic gel. Her pain with medications is rated 3-5/10. The pain is made better with therapy and rest. The pain is made worse with activities. The IW is not currently working. Objective physical findings revealed positive Spurlings's test of the lumbar spine bilaterally. Range of motion was limited at 45 degrees flexion, 20 degrees extension, and 20 degrees lateral bending. She had 4/5 strength in the bilateral deltoids and biceps, and 5/5 strength in bilateral wrist flexion, extension, and interossei. The IW was diagnosed with cervical degenerative disc disease and bulging disc at C4-C5 and C5-C6 with mild to moderate stenosis. The provider documents that the IW will continue self-directed exercise. She had significant improvement with physical therapy in the past. The provider is recommending PT 2 times a week for 6 week for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for six weeks for the cervical spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, physical therapy two times a week for six weeks to the cervical spine. 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 directions (prior to continuing with physical therapy). The ODG allows 10 visits over eight weeks for sprains and strains of the neck. 10 to 12 visits over eight weeks for degeneration of cervical intervertebral disc. Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. In this case, the working diagnoses with cervical degenerative disc disease, bulging discs C4 - C5, C-5 - C6 with moderate stenosis. The injured worker received six physical therapy sessions. The treating physician indicated in a progress note there was significant improvement (subjective), however, there was no objective functional improvement documented in the record. The guidelines allow 10 to 12 visits for the generation of cervical into vertebral disc disease. The injured worker received six visits and the treating physician is requesting another 12 physical therapy visits. This total number exceeds the guideline allowance pursuant to the injury claim of 10 to 12 visits. Consequently, after the appropriate documentation while adhering to the ODG, physical therapy two times a week for six weeks to the cervical spine is not medically necessary.