MAXIMUS Federal Services

| Case Number: | CM14-0192185 | | |
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| Date Assigned: | 11/25/2014 | Date of Injury: | 02/22/2014 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

## 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:

This 51 year old male was a food runner, bussing table, and buffet attendant when he sustained an injury on February 22, 2014. The injured worker slipped on a wet floor and fell, landing on his right hand. He reported dizziness and difficulty seeing his coworkers after the fall. The diagnoses and results of the injury include right upper extremity strain. Past treatment included anti-inflammatory medication, activity modification, diagnostic studies, physical therapy, acupuncture, and chiropractic therapy. On May 22, 2014, the cervical spine x-rays revealed a hyperflexion deformity at C5-6 and degenerative disc space narrowing at C5-6, C6-7, and C7-T1 (cervical 7-thoracic 1). On June 17, 2014, a MRI of the cervical spine revealed non-specific straightening of the normal cervical lordosis; and multilevel bulging discs with uncontrovertebral osteophyte formation resulting in mild to severe bilateral neural foraminal narrowing, mild to moderate canal stenosis, and bilateral exiting nerve root compromise at the levels of C2-3, C3-4, C4-5, C5-6, C6-7, and C7-T1. The records refer to prior courses of physical therapy, acupuncture, and chiropractic therapy, but do not provide complete documentation of specific dates of service or results. The records show 2 session of physical therapy between May 21, 2014 and October 8, 2014. The therapy included hot/cold packs, therapeutic exercise, electrical stimulation, massage, ultrasound, manipulation, and soft tissue mobilization. The records show 2 session of acupuncture between July 3, 2014 and July 10, 2014. The injured worker was treated electroacupuncture, massage, and infrared. The records show 2 session of chiropractic therapy between July 1, 2014 and July 11, 2014. Treatment included chiropractic manipulation, myofascial release, and electrical stimulation. October 8, 2014, the treating physician noted continuing neck and right shoulder pain and stiffness. The physical exam revealed tenderness, spasms, and decreased range of motion of the cervical spine. The right shoulder was tender with decreased range of motion and a positive impingement test. Diagnoses

were cervical sprain/strain, cervical radiculopathy, and right shoulder sprain/strain. The physician recommended continuing physical therapy. Current work status was described as full duty.On October 21, 2014 Utilization Review non-certified a prescription for 12 sessions (twice a week for six weeks) of physical therapy for the cervical region. The physical therapy was non-certified based on the documentation does not specify if the injured worker's current functional status is an acute change or from the date of injury. There was no documentation of whether the injured worker received prior therapy, and the response to that therapy. The Official Disability Guidelines (ODG), Work Loss Data Institute, LLC; Corpus Christi, Treatment; www.odg-twc.com: Section: Neck and Upper Back was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy 2 times a week for 6 weeks for the cervical region as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper back

**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 physical therapy sessions two times per week for six weeks for the cervical region as an outpatient is 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 physical therapy for cervical spine disease states. In this case, the injured workers working diagnoses are cervical sprain/strain; cervical radiculopathy; and right shoulder sprain/strain. The documentation in the medical record on page 46 indicates the injured worker attended an initial physical therapy session for the right shoulder. The physical therapy assessment indicated the pain was referred from the cervical spine injury. The injured worker was referred back to the treating physician for assessment and clearance prior to initiating therapy. There is no documentation in any subsequent progress note indicating physical therapy to the cervical spine is indicated and the clinical rationale behind the recommendation. Additionally, there is no documentation indicating the number of visits and the duration for physical therapy of the cervical spine. The guidelines recommend a six visit clinical trial. The treating physician requested 12 physical therapy sessions. Consequently, absent the appropriate clinical documentation, clinical indications, 12 physical therapy sessions two times per week for six weeks for the cervical region as an outpatient is not medically necessary.