

<b>Case Number:</b>	CM14-0207238		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 55 year old male with the injury date of 02/12/13. Per physician's report 11/10/14, the patient has neck pain, at 3-4/10 with medication and 5-8/10 without medication. His neck pain is radiating down his shoulders bilaterally and right arm with frequent numbness. The patient is currently taking Soma, Tramadol, Motrin and Norco. The patient has C4-5 and C6-7 neck fusion in January 2014 which improved his neck symptoms. There is tenderness over the bilateral cervical paraspinal musculature, the base of the skull and the trapezius musculature bilaterally. EMG/NCV 08/06/13 demonstrates 1) bilateral carpal tunnel syndrome 2) probable chronic right C7-8 radiculopathy. The lists of diagnoses are: 1) S/P C4-7 ACDF 2) Right carpal tunnel syndrome 3) Pseudarthrosis C4-5 and C6-7. The patient had few therapy post operatively and the treater requested additional 8 sessions of physical therapy. Per 09/03/14 progress report, the patient has neck pain at 3/10. The patient has difficulty doing tasks that require fine motor activity such as brushing teeth and typing. Per 07/23/14 progress report, the patient has constant neck and shoulder pain with muscle spasms at 3/10. The utilization review determination being challenged is dated on 12/02/14. Treatment reports were provided from 06/11/14 to 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 for cervical and right wrist:** Upheld

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

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

**Decision rationale:** The patient presents with pain and muscle spasms in his neck and shoulders. The patient is s/p C4-7 fusion on 01/23/14. The request is for 12 sessions of physical therapy for the cervical spine. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The review of the reports indicates that the patient has had physical therapy as post-operative treatment. None of the reports mention the patient's therapy treatment history, how many sessions of therapy the patient has had, or how the patient has responded to the treatment. The treater does not explain why more therapy is needed and why the patient is unable to transition into a home program. The current request for 12 sessions of therapy by itself exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.