

<b>Case Number:</b>	CM14-0046082		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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. 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 39 year old female who sustained an industrial injury on 04/24/2003. She has reported ongoing pain in the neck, right arm, hand, and fingers. She also reports headaches on a daily basis. Diagnoses include cervicalgia, neuritis, radiculitis, and headache. Treatments to date include a C4-5 fusion performed on 08/11/2005, and medications. A progress note from the treating provider dated 04/01/2014 indicates right arm and hand radicular pain, visual analog scale of pain is 8/10, and the IW has pain upon extension and flexion. The treatment plan includes a series of three Cervical Epidural Steroidal Injections, once per month for four months and medication management, including but not limited to nonsteroidal anti-inflammatory drugs, Norco, and Gabapentin; and physical therapy and massage therapy. On 04/11/2014 Utilization Review non-certified a request for MASSAGE THERAPY 1-2 TIMES A WEEK FOR 15 WEEKS FOR THE NECK AND RIGHT SHOULDER The MTUS Guidelines were cited. On 04/11/2014 Utilization Review non-certified a request for PHYSICAL THERAPY 1-2 TIMES A WEEK FOR 15 WEEKS FOR THE NECK AND RIGHT SHOULDER The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1-2 TIMES A WEEK FOR 15 WEEKS FOR THE NECK AND RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

**Decision rationale:** The patient is a 39 year old female with an injury on 04/24/2003. She had a C4-C5 fusion on 08/11/2005. She has on-going neck and right upper extremity pain. She had physical therapy and instruction in a home exercise program. MTUS guidelines note that the requested physical therapy is no longer part of the post operative course and that the maximum of 9 to 10 visits are exceeded by the request for 15 to 30 physical therapy visits. Also, by this point in time relative to the date of injury and the date of surgery, the patient should have been transitioned to a home exercise program since there is no documentation that continued formal physical therapy is superior to a home exercise program. The requested additional physical therapy is not medically necessary for this patient.

**MASSAGE THERAPY 1-2 TIMES A WEEK FOR 15 WEEKS FOR THE NECK AND RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** Massage therapy is a form of passive physical therapy and passive therapy to be avoided years after the injury. The patient is a 39 year old female with an injury on 04/24/2003. She had a C4-C5 fusion on 08/11/2005. She has on-going neck and right upper extremity pain. She had physical therapy and instruction in a home exercise program. MTUS guidelines note that the requested physical therapy is no longer part of the post operative course and that the maximum of 9 to 10 visits are exceeded by the request for 15 to 30 physical therapy visits. Also, by this point in time relative to the date of injury and the date of surgery, the patient should have been transitioned to a home exercise program since there is no documentation that continued formal physical therapy is superior to a home exercise program. Also for massage therapy specifically, only 4 to 6 visits might be indicated for acute care only as there is no documented long term effects. Massage therapy might be beneficial in the immediate post operative period but the requested 15 to 30 visits years after the injury and surgery is not consistent with MTUS guidelines.