

<b>Case Number:</b>	CM14-0048782		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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. 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 58 year old worker who sustained an industrial injury on 07-18-2012. Medical records indicated the worker was treated for chronic cervical sprain-strain superimposed on cervical degenerative disease. In the provider notes of 01-21-2015, the injured worker complains of ongoing neck pain. Prior treatments have included a cervical epidural 1.5 months prior which decreased his pain. He is currently taking Relafen for pain. Ranges of motion of the cervical spine are diminished in all planes. He has decreased sensory examination in dermatomes from C2 to T1 in the left C7 nerve root. Other nerve roots from C1-T1 are normal and without muscle weakness. According to provider notes: "Nerve roots from C1 to T1 are normal with all muscle groups tested rating 5 out of 5. Specifically tested were resisted neck flexion and neck side flexion, shoulder elevation, elbow flexion and extension, wrist flexion, dorsiflexion and ulnar deviation and thumb extension and hand intrinsic muscles." Diagnoses include bilateral carpal tunnel syndrome by neurodiagnostic testing, cervical disc herniations C3- C4, C5-C6, and C6-C7 most significant at C6-C7, Mild bilateral cubital tunnel syndrome by neurodiagnostic testing, cervical sprain, probable bilateral C7 radiculopathy. Treatment plans include a repeat cervical epidural injection along with 8 sessions of physical therapy for the neck. The worker is at maximum medical improvement with work restriction of no overhead work. A request for authorization was submitted for 8 physical therapy for the cervical spine, 8 sessions as outpatient. A utilization review decision 03-03-2014 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy for the cervical spine, 8 sessions as outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with ongoing neck pain. The current request is for 8 Physical Therapy sessions for the cervical spine as outpatient. The treating physician states, in a report dated 01/21/14, "Request 8 sessions of Physical Therapy for the neck." (11B) The MTUS guidelines state, "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." In this case, the treating physician states "The patient demonstrates loss of range of motion and needs to gain further strength in order to enhance the healing process. The patient should continue with active physical therapy until maximum medical improvement has been reached with regard to strength, range of motion and overall conditioning and flexibility." (11B) In addition, the patient is diagnosed with probable bilateral C7 radiculopathy. There being no prior documented physical therapy to the cervical spine, and given that the request is within established guidelines, the current request is medically necessary.