

<b>Case Number:</b>	CM14-0067409		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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

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 36 year old male, who sustained an industrial injury on 12/10/2013. He reported pain in his neck, right shoulder and lower back. The diagnoses have included cervical spine discogenic neck pain with right upper extremity radiculopathy, right shoulder impingement syndrome and lumbosacral sprain/strain. Treatment to date has included physical therapy and acupuncture. According to the progress report dated 4/7/2014, the injured worker complained of constant neck pain that radiated into the right shoulder, arm, hand and fingers. He reported numbness and tingling in the right arm, hand and fingers as well as weakness of the upper extremities and hands. The injured worker complained of constant pain in the right shoulder as well as clicking, popping and grinding sensations. He also complained of frequent lower back pain. Exam of the cervical spine revealed tenderness in the cervical and thoracic paraspinal region on the right and in the midline region. Cervical spine range of motion was decreased. Exam of the right shoulder revealed localized tenderness. Exam of the lumbar spine revealed tenderness in the lumbar paraspinal region bilaterally. The treatment plan was to continue with an additional six sessions of acupuncture and physical therapy. The requested treatment is six physical therapy visits for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical Therapy visits for the cervical spine, once a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Work loss Data Institute, LLC, Corpus Christi, TX. [www.odg-twc.com](http://www.odg-twc.com), section: neck and upper back.

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

**Decision rationale:** The patient was injured on 12/10/13 and presents with neck pain, right shoulder pain, and low back pain. The request is for 6 Physical Therapy Visits For The Cervical Spine, Once A Week For 6 Weeks. The RFA is dated 04/25/14 and the patient is temporarily totally disabled in the interim on an industrial basis for three months. Review of the reports provided does not indicate that the patient had any recent surgery, nor is there any documentation of any recent physical therapy the patient may have had. MTUS chronic pain medical treatment guidelines page 98 and 99 has the following: Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical spine discogenic neck pain with right upper extremity radiculopathy, right shoulder impingement syndrome, and lumbosacral sprain/strain. His neck pain that radiates into the right shoulder, arm, hand and fingers. He has numbness and tingling in the right arm, hand and fingers as well as weakness of the upper extremities and hands. Exam of the cervical spine revealed tenderness in the cervical and thoracic paraspinal region on the right and in the midline region. Cervical spine range of motion was decreased. Treatment to date has included physical therapy and acupuncture. There is no indication of how many sessions the patient had or when these sessions took place. There is no discussion provided as to how these sessions impacted the patient's pain and function. There is no indication as to why the patient is not able to establish a home exercise program to manage her pain. Therefore, the requested physical therapy IS NOT medically necessary.