

<b>Case Number:</b>	CM15-0001625		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 26 year old male with a work injury dated 2/25/13. The diagnoses include cervical degenerative disc disease; thoracic strain; myofascial pain syndrome. Under consideration is a request for physical therapy (cervical ) 2 x 3. A 4/7/14 progress note states that the patient's right shoulder and lower lumbar pain appear myofascial. He has had significant improvement with chiropractic and physical therapy. The provider encourages a home exercise program which he was taught in physical therapy. A 4/24/14 progress note states that the patient has neck pain and shoulder pain referable to the neck. The provider states that he has had physical therapy, prior shoulder surgery, and medications as his treatment. A 6/5/14 cervical MRI reveals degenerative disc disease with C5-6 mild, C6-7 mild to moderate canal stenosis. A 7/15/14 acupuncture report states that to date the patient has an MRI, X-ray, and physical therapy that was not helpful and chiropractic which was helpful. His chief complains is intermittent sharp shooting pain in the right thoracic area that sometimes results in migraines. It is sometimes aggravated by reaching overhead. Per documentation a 12/8/14 progress note states that the patient has ongoing myofascial pain in the right upper trapezius and right rhomboids. The patient notes exacerbation with lifting boxes in the mid back which is a 7/10. On exam there is tenderness to palpation over the right rhomboids and trapezius muscles. The treatment plan includes a request for physical therapy and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (cervical) 2 x 3: Upheld**

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

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

**Decision rationale:** Physical Therapy (cervical) 2 x 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends a fading of frequency of PT towards an active self directed home exercise program. The documentation indicates that the patient has had prior PT for the cervical area. The guidelines recommend up to 10 visits for this condition. It is not clear from the documentation how many prior visits he has had, why he cannot participate in a home exercise program, and the efficacy of prior therapy. Without this information additional therapy cannot be certified as medically necessary.