

<b>Case Number:</b>	CM15-0002347		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Pennsylvania, Ohio, 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 year 52 old female, who sustained an industrial injury while pushing a trolley out of a trailer and falling between the trailers and building on 7/24/10. She has reported neck pain radiating to the shoulder area. The diagnoses have included disc herniation with radiculopathy, left wrist strain/sprain, left shoulder contusion, left leg contusion, left wrist and ankle strain/sprain and left knee oblique tear of medial meniscus. Treatment to date has included medications, trigger point injections, diagnostics and surgical intervention. Currently, the Injured Worker complains of moderate to severe pain in the cervical region with decreased range of motion. The Spurling's test was positive on the left. She has had arthroscopic surgery to the left shoulder. Magnetic Resonance Imaging (MRI) of the cervical spine revealed moderate to severe disc herniations. The Injured Worker continues to have pain in the cervical region with the pain increasing with activities such as upward and downward gazing of the neck. There was moderate to severe tenderness to palpation in the cervical region. She has difficulty with prolonged activities; motion of the neck cause painful symptoms, there is tenderness in the left and right paracervical with spasm. There is evidence of muscle spasm at the cervical spine. The symptoms improve with medication. There were no documented prior treatments of acupuncture, chiropractic or physical therapy. A request for physical therapy 3xweek for 4 weeks total of 12 sessions was ordered for the cervical spine. On 12/22/14 Utilization Review non-certified a request for physical therapy 3xweek for 4 weeks total of 12 sessions was ordered for the cervical spine, noting that there is no evidence that the IW would not be able to address her deficits in a home exercise program versus formal physical therapy visits. The MTUS Guidelines was cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy x 12 sessions for the cervical spine:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 99 recommends transition to active independent home rehabilitation. The available medical records provided for independent medical review are limited. However, I do note that that and PR-2 report of 12/18/2014 report eight different musculoskeletal diagnoses, including the diagnosis of left C4 and C5 radiculopathies with C3-4 and C4-5 disc herniation. Additionally, that PR-2 form notes that the patient is at a permanent and stationary status. Therefore the treatment guidelines anticipate that this patient would have previously been instructed in an independent active home exercise program prior to reaching a permanent and stationary status. The medical records at this time do not provide a rationale as to why additional supervised rather than independent rehabilitation would be indicated. This request is not medically necessary.