

<b>Case Number:</b>	CM15-0003270		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: 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:

This 47 year old female sustained a work related injury on 01/07/2011. During an office visit on 07/02/2014, cervical examination revealed decreased range of motion with flexion, extension, right lateral bending left lateral bending, right lateral rotation and left lateral rotation. According to a progress noted dated 10/21/2014, the injured worker was not doing well. She had been out of her Tramadol and was in a lot of pain. Duloxetine was increased which made her very anxious. Diagnoses included fibromyalgia since 2013, status post C5-6 cervical fusion in 2012, hypertension and elevated sedimentation rate, CRP and elevated CPK. Recommendations were made for the injured worker to use nonmedicinal ways to control her pain such as heat, decreasing stress and exercise. She had been going to the gym 3 times a week to try to decrease her stress. On 12/22/2014, Utilization Review non-certified physical therapy evaluation. According to the Utilization Review physician, the documentation provided revealed that the injured worker was status post cervical spine fusion and she was not doing well. The most recent submitted documentation did not reveal objective findings of cervical spine dysfunction and did not reveal subjective or objective findings of back pain. Guidelines cited for this review included ACOEM Guidelines, Chapter 8 (Neck and Upper Back Complaints) (2004), page 174. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** The patient, a 47-year-old female with an injury date of 01/07/11, presents with pain in the left dorsum of the forearm. The request is for PHYSICAL THERAPY EVALUATION. The RFA is not included. On 07/02/14, the patient was diagnosed with left forearm tendinitis. Work status is not clear. Patient has a history of fibromyalgia and is status post C5-8 cervical fusion in 2012. Work status is not clear. MTUS pages 98, 99 have 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Per denial report dated 12/22/14, "... the provider indicated that the body parts to be evaluated for physical therapy are for the neck and back. In addition, the provider reported that the patient has not received any physical therapy..." Review of provided medical reports did not show any documentations pertinent to specific subjective complaints of neck or back pain or objective findings of cervical and lumbar dysfunctions; however, the patient is status post cervical fusion and likely in pain. Given that the patient has had no recent physical therapy treatments, an evaluation would seem appropriate. Therefore, the request IS medically necessary.