

<b>Case Number:</b>	CM15-0004473		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Preventive Medicine, Occupational 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 injured worker is a 57 year old female, who sustained an industrial injury on March 20, 2009. She has reported injury related to neck, shoulders, and hands. The diagnoses have included rotator cuff sprain and strain, shoulder joint pain, lumbar disc disorder, thoracic/lumbosacral neuritis/radiculitis, and unspecified backache. Treatment to date has included splinting, electrodiagnostic studies, and physical therapy. Currently, the IW complains of numbness and tingling to both hands. Physical examination on September 24, 2014, indicates full range of motion of elbow, wrist, and fingers, no ulnar nerve subluxation, negative elbow flexion tests, Froment's test is negative, and positive Tinel's, Phalen's, and Durkan's tests. An electrodiagnostic study on October 27, 2014, demonstrates evidence of mild bilateral carpal tunnel syndrome with median nerve entrapment at the wrist. On December 31, 2014, Utilization Review non-certified an additional six physical therapy sessions, and a cervical pillow, based on ODG, and MTUS guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of PT and cervical pillow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT 6 Sessions:** 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 section Page(s): 98, 99.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend Myalgia and Myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker is noted to have completed 12 sessions of physical therapy with benefit. The expectation following completion of physical therapy is that the injured worker would have a self-directed home exercise program. The medical records do not explain why additional therapist guided therapy is necessary at this point. The request for Additional PT 6 Sessions is determined to not be medically necessary.

**Cervical Pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back Procedure Summary Last updated 11/18/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck chapter, Pillow section

**Decision rationale:** The MTUS Guidelines do not address the use of cervical pillow. The ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise. Patients with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep. The use of a cervical pillow alone did not give the desired clinical benefit. The medical reports indicates that the injured worker has been injured for approximately 6 years, with injuries that include the neck. The current medical report does not include any complaints that involve the neck. The injured worker has had physical therapy previously, but the status of an ongoing self-directed home exercise program that includes rehabilitation for the neck injury is not reported. Medical necessity of the cervical pillow has therefore not been established within the recommendations of the ODG. The request for cervical pillow is determined to not be medically necessary.