

<b>Case Number:</b>	CM15-0108144		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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:

The injured worker is a 33 year old female, who sustained an industrial injury on September 10, 2013. She reported an injury to her right knee, right ankle, right shoulder and right side of neck. Treatment to date has included modified work duty, MRI of the cervical spine, MRI of the right shoulder, steroid injection into the right shoulder, physical therapy and chiropractic therapy. Currently, the injured worker complains of right side neck pain, occasional right upper extremity aching pain and intermittent right periscapular pain. On physical examination the injured worker exhibits mild tenderness to palpation with minimal spasm in the right paravertebral and trapezius musculature. She has minimal tenderness in the right periscapular musculature along the medial border and range of motion of the cervical spine elicits pain. She has full range of motion of the right shoulder and the right shoulder is non-tender. An MRI of the cervical spine on September 25, 2014 revealed minimal bulges at C4-5 and C5-6 with no canal stenosis or neuroforaminal narrowing. The diagnoses associated with the request include cervicalgia, chronic cervical musculoligamentous strain and resolved right shoulder tendinopathy. The treatment plan includes physical therapy to the cervical spine including cervical traction, Naprosyn and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twelve sessions to include cervical traction: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Neck and Upper Back, Acute and Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not demonstrated here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction for this chronic injury of 2013. The Physical Therapy, twelve sessions to include cervical traction is not medically necessary or appropriate.