

<b>Case Number:</b>	CM15-0130270		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: 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 40-year-old female with an industrial injury dated 02/20/2012. The injured worker's diagnoses include C5 and 7 root dysfunction, cervical strain, cervical torticollis, S1 radiculopathy and status post right shoulder surgery. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/09/2015, the injured worker reported no improvement in neck pain. The injured worker also reported that she was performing neck exercises without improvement and would like to go back to physical therapy to make sure that she is doing the exercises correctly. Objective findings revealed spasm and pain to palpation of the cervical paraspinous muscles and trapezius areas. In a progress report dated 06/11/2015, the injured worker presented for recurrent neck pain. The treating physician reported that the cervical lordosis was straightened and the shoulder was carried higher than the right, but not as pronounced as in the last visit. The treating physician prescribed services for eight (8) sessions physical therapy for cervical spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) sessions physical therapy for C Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** The 40-year-old patient complains of recurrent neck pain and lower back pain on the left side, as per progress report dated 06/11/15. The request is for eight (8) sessions physical therapy for c spine. The RFA for the case is dated 06/15/15, and the patient's date of injury is 02/20/12. The patient is status post right shoulder surgery and C5-6 disc herniation, as per progress report dated 06/11/15. Diagnoses included cervical strain, cervical torticollis, S1 radiculopathy, and C5 and 7-root dysfunction. Current medications include Valium, Percocet and Mortrin. The patient is off work, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. In this case, the patient did have physical therapy in the past and transition into a home exercise regimen. In progress report dated 05/27/15, the treater states that "she is using a roller given to her in PT and she is using a pulley and a bar at home." The progress reports, however, do not document the number of PT sessions completed in the past and the date of the treatment. In a subsequent report dated 06/09/15, the treater states that the patient would like to go back to PT "to make sure she is doing the exercises correctly." Additionally, the Utilization Review denial letter, which modified the request to 3 visits, states that the patient is experiencing a "flare-up." MTUS allows for 8 sessions of PT in non-operative cases. Given the recent flare-up, the request appears reasonable and is medically necessary.