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| <b>Case Number:</b>   | CM15-0130630 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 03/30/2010 |
| <b>Decision Date:</b> | 08/13/2015   | <b>UR Denial Date:</b>       | 06/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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(n) 72-year-old female, who sustained an industrial injury on 3/30/10. She reported pain in her left upper extremity and neck. The injured worker was diagnosed as having cervical spine pain, insomnia, ataxia and headaches. Treatment to date has included Omeprazole, Meclizine and psychiatric treatments. On 4/26/15, the injured worker was seen at the emergency department due to a fall from loss of balance. As of the PR2 dated 6/17/15, the injured worker reports increased left upper extremity pain and numbness associated with increased cervical spine pain. Objective findings include abnormal ESS score of 20, a positive Rhomberg sign and positive ataxia. The treating physician requested physical therapy 2 x weekly for 8 weeks for the left shoulder and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 16 visits, left shoulder and cervical spine (multiple neck injury), 2 times a week for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back, shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in March 2010 and continues to be treated for neck and left upper extremity pain. When seen, she was having increasing left upper extremity pain and numbness. She had recently fallen and been seen in an Emergency Room. There was ataxia with positive Romberg and Hallpike testing. Physical therapy for the left shoulder and cervical spine was requested. The claimant is being treated for chronic pain with no new injury. The claimant is having problems with balance but the requested treatments are not directed at this impairment, which may need further evaluation. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be expected to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.