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| <b>Case Number:</b>   | CM15-0136953 |                              |            |
| <b>Date Assigned:</b> | 07/24/2015   | <b>Date of Injury:</b>       | 02/06/2013 |
| <b>Decision Date:</b> | 08/24/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2015 |

### 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, 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 51 year old male, who sustained an industrial injury on 2/06/2013. He reported developing pain in the right elbow and left shoulder from cumulative trauma. Diagnoses include lumbosacral neuritis, brachial neuritis, internal derangement of the knee, lateral epicondylitis, plantar fasciitis, and disorder of the shoulder region. Treatments to date include physical therapy, activity modification, medication therapy, chiropractic therapy, cortisone injection to right elbow, and lumbar epidural steroid injections and cervical epidural steroid injection. Currently, he complained of pain in the neck, low back, right elbow, and with symptoms to bilateral upper and lower extremities. On 6/10/15, the physical examination documented cervical tenderness with muscle spasm noted. The axial loading compressions test and Spurling's maneuver were both positive. There was altered sensation noted into the upper extremity. The plan of care included eight physical therapy sessions for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) sessions of physical therapy for the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, there is no rationale for PT well beyond the recommendations of the guidelines given that 20 recent sessions have apparently been authorized. In light of the above issues, the currently requested physical therapy is not medically necessary.