

<b>Case Number:</b>	CM15-0139006		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/27/1997
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Hawaii

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 57 year old female with an industrial injury dated 04/27/1997. Her diagnoses included displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis and cervicgia. Prior treatment included physical therapy, cervical surgery, shoulder surgery and diagnostics. She presents on 05/28/2015 with complaints of chronic neck and upper back pain with multiple surgeries. She was unable to work secondary to dysfunction. She last worked in 1997. She complained of headaches rating the pain as 4/10. She also complained of intermittent numbness and pain radiating down arms into 3rd, 4th and 5th fingers. The provider documents the injured worker has made slight symptomatic improvement since therapy demonstrating overall decrease in frequency and intensity of headaches, however functionally patient doesn't demonstrate much change. She demonstrated little or no change in cervical range of motion and also continued to exhibit majority of pain and functional deficits with regards to her shoulders. The provider documented the injured worker had noticed a thirty percent reduction of neck pain with physical therapy and recommended to continue the therapy. The treatment request is for physical therapy two times six for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times six for the neck:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the neck and upper back. The current request is for Physical therapy two times six for the neck. The treating physician report dated 5/28/15 (79B) states, "The patient underwent therapy and therapy has been very helpful. I would like to continue therapy twice a week for another six weeks with thirty percent improvement." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided shows the patient has had at least 12 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the patient has received 12 visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, 12 sessions of physical therapy should have provided the patient with sufficient knowledge to proceed with a home exercise program. The current request is not medically necessary.