

<b>Case Number:</b>	CM15-0139103		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<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 51-year-old male, who sustained an industrial injury on 01/14/2003. He has reported injury to the neck, shoulders, wrists, and low back. The diagnoses have included cervical discopathy; bilateral wrist pain; status post bilateral carpal tunnel surgery; right shoulder impingement syndrome and acromioclavicular joint arthrosis; ulnar neuropathy; left shoulder impingement; status post right shoulder subacromial decompression, on 10/02/2013; and lumbar sprain/strain. Treatment to date has included medications, diagnostics, injections, cervical epidural injections, acupuncture, physical therapy, and surgical intervention. Medications have included Norco and Tylenol with Codeine No. 3. A progress note from the treating physician, dated 05/19/2015, documented an evaluation with the injured worker. The injured worker reported pain in the neck and right arm; his hands are doing better, but his neck and right arm pain have worsened; he has noted a significant amount of grinding; he has difficulty sleeping; the pain radiates down the right arm; he still takes the Hydrocodone and sometimes supplements it with extensive amounts of Tylenol or Ibuprofen; he is currently having difficulties associated with some right arm radiating pain; he wakes up in the morning with it; the pain is rated at 6-8/10; he has difficulty sleeping in any side but his left; and notes that physical therapy has been helpful. Objective findings included tenderness at the occipital insertion of the paracervical musculature; there is mild tenderness bilaterally in the trapezii; the midline base of the cervical spine is tender; cervical flexion is decreased with discomfort; extension is decreased with significant paracervical discomfort; there is inhibition of rotation to the right and left to only twenty degrees; scapular retraction is limited and produces rhomboid pain; he has a mildly

positive head compression sign; tenderness to the right thumb A1 pulley; there is pain with interphalangeal palpation; there is decreased grip strength; there is pain with motion of the right hand; and x-rays of the cervical spine taken on this day suggest hypermobility at C4-C5 and definitive C5-C6 and C6-C7 narrowing. The treatment plan has included the request for physical therapy for cervical spine x 8.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy for Cervical Spine x8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Physical Therapy.

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

**Decision rationale:** The patient presents pain affecting the low back, neck, bilateral shoulders and bilateral upper extremities. The current request is for Physical therapy lumbar x 8. The treating physician report dated notes a request for 8 sessions of physical therapy. A report dated 10/16/14 (99B) states, "He is attending physical therapy which he states is helping." 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 with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. The patient's status is not post-surgical. In this case, the patient has received an unknown number of visits of physical therapy to date; therefore, it is unclear if the current request of an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. The current request is not medically necessary.