

<b>Case Number:</b>	CM15-0146052		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 23 year old male who sustained an industrial injury on 7-26-13 from a slip and fall. He heard a snap in his neck and experienced neck and low back pain. He was medically evaluated with x-rays, released to modified duty which could not be accommodated, treated with chiropractic treatments which increased the pain and had an MRI of the lumbar spine which was normal. He currently complains of constant, sharp, stabbing neck pain with radiation to the right shoulder, down the back and into the middle of the back and a pain level of 6 out of 10; constant stabbing pain and numbness of the right shoulder with radiation and numbness down the right arm into the fingers with a pain level of 7 out of 10; constant, burning pain and weakness of the whole back with radiation of pain down the right leg to the foot with a pain level of 7 out of 10. He has some difficulty with bathing, dressing and driving. Physical exam of the cervical spine revealed tenderness to palpation; lumbar spines revealed tenderness to palpation in the lumbosacral paraspinals and over the posterior iliac crest; shoulder exam showed bilateral tenderness in the upper trapezius, right shoulder, and posterior deltoid with decreased range of motion. Medications were Tylenol, ibuprofen. Diagnoses include cervical sprain, strain; right shoulder rotator cuff tendinitis and acromioclavicular sprain; lumbosacral strain-sprain with right sided radicular symptoms. Treatments to date include physical therapy; cortisone injection into the right shoulder (11, 2013) with temporary relief; lumbosacral support. Diagnostics include lumbar MRI (9-4-13) showing spondylosis; electrodiagnostic studies showed moderate right and mild left carpal tunnel syndrome (no date); MRI right shoulder (8-5-14) showing acromioclavicular separation, mild tendinosis. On 7-16-15 Utilization Review evaluated requests for physical therapy for the cervical spine three times per week for four weeks; physical therapy for the thoracic spine three times per week for four weeks.

## 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 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

**Decision rationale:** The 23 year old patient complains of neck pain, rated at 6/10, radiating to the middle of the back and right shoulder; right shoulder pain, rated at 7/10, along with pain and numbness in right arm and shoulder; and lower back pain, rated at 7/10, radiating to right leg and foot; as per QME report dated 06/15/15. The request is for PHYSICAL THERAPY FOR CERVICAL SPINE 3 TIMES A WEEK FOR 4 WEEKS. There is no RFA for this case, and the patient's date of injury is 07/26/13. Diagnoses, as per QME report dated 06/15/15, included cervical sprain/strain with occasional right upper extremity radicular symptoms, right shoulder rotator cuff tendinitis and AC joint sprain, and lumbosacral sprain/strain with right-sided radicular symptoms. Current medications included Tylenol #3 and Ibuprofen. The patient is not working, as per the same progress report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, only a QME report dated 06/15/15 has been provided for review. While the report does not discuss the physical therapy request, it states that "He was treated with a course of physical therapy." The report does not mention how many sessions of PT the patient has completed in the past nor does the evaluator document the efficacy of prior treatment. The Utilization Review denial letter states "Previous treatment failures include PT was documented on the previous review" but does not provide any other detail. It is not clear why the patient has not transitioned into a home exercise regimen. Additionally, MTUS only recommends 8-10 sessions of PT in non-operative cases. Hence, the request for 12 cases IS NOT medically necessary.

### **Physical therapy for thoracic spine 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

**Decision rationale:** The 23 year old patient complains of neck pain, rated at 6/10, radiating to the middle of the back and right shoulder; right shoulder pain, rated at 7/10, along with pain and numbness in right arm and shoulder; and lower back pain, rated at 7/10, radiating to right leg and foot; as per QME report dated 06/15/15. The request is for PHYSICAL THERAPY FOR THORACIC SPINE 3 TIMES A WEEK FOR 4 WEEKS. There is no RFA for this case, and the patient's date of injury is 07/26/13. Diagnoses, as per QME report dated 06/15/15, included cervical sprain/strain with occasional right upper extremity radicular symptoms, right shoulder rotator cuff tendinitis and AC joint sprain, and lumbosacral sprain/strain with right-sided radicular symptoms. Current medications included Tylenol #3 and Ibuprofen. The patient is not working, as per the same progress report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, only a QME report dated 06/15/15 has been provided for review. While the report does not discuss the therapy request, it states that "He was treated with a course of physical therapy." The report does not mention how many sessions of PT the patient has completed in the past nor does the evaluator document the efficacy of prior treatment. The Utilization Review denial letter states "Previous treatment failures include PT was documented on the previous review" but does not provide any other detail. It is not clear why the patient has not transitioned into a home exercise regimen. Additionally, MTUS only recommends 8-10 sessions of PT in non-operative cases. Hence, the request for 12 cases IS NOT medically necessary.