

<b>Case Number:</b>	CM15-0147589		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 44 year old male with an industrial injury dated 12-13-2013. The injured worker's diagnoses include cervical disc with radiculitis, cervical disc degeneration and shoulder pain. Treatment consisted of diagnostic studies, prescribed medications, epidural steroid injection (ESI), 20 sessions of physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. In a progress note dated 06-15-2015, the injured worker reported worsening neck pain and requested additional therapy. The injured worker rated pain a 4 out of 10. The treating physician noted neck pain with radiation to left shoulder, blade and left upper extremity with numbness and tingling of the left medial two fingers and weakness. Magnetic Resonance Imaging (MRI) of cervical spine dated 01-14-2014 revealed disc protrusions C4-5 with mild spinal stenosis, C5-6 with moderate severe stenosis and C6-7 disc bulge and uncovertebral moderately indents thecal sac. The treating physician prescribed services for physical therapy for the cervical spine 2 times a week for 3 weeks for a total of 6 sessions, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine 2 times a week for 3 weeks for a total of 6 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine two times per week times three weeks (six sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are cervical disc with radiculitis; degeneration cervical this; and shoulder pain. The date of injury is December 13, 2013. Request for authorization is June 18, 2015. According to a June 15, 2015 progress note, the injured worker reportedly received 20 physical therapy sessions to the shoulder. The documentation states the injured worker received physical therapy to the shoulder/neck. The total number of physical therapy sessions are not documented. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Additionally, there is no physical examination of the cervical spine in the progress note. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, the documentation indicating the injured worker received physical therapy to be shoulder/neck, no documentation indicating the total number of physical therapy sessions to the neck and no documentation demonstrating objective functional improvement, physical therapy cervical spine two times per week times three weeks (six sessions) is not medically necessary.