

<b>Case Number:</b>	CM15-0163819		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

This 43 year old male sustained an industrial injury to the head, neck, back and bilateral upper extremities on 5-1-14. Computed tomography of the head (5-1-14) showed no acute abnormality. Previous treatment included physical therapy, chiropractic therapy and meds. X-ray of the left elbow (5-1-14) was normal. In a PR-2 dated 6-17-15, the injured worker complained of ongoing pain in the right shoulder, right elbow, right wrist and neck associated with ongoing frequent and intense headaches and stiffness in the neck and shoulder area. Physical exam was remarkable for cervical spine with tenderness to palpation in the paravertebrals with stiffness at the trapezius and intact range of motion, tenderness to palpation at bilateral elbows with full range of motion, tenderness to palpation to bilateral wrists with intact range of motion and positive Tinel's and lumbar spine with tenderness to palpation at L4-5 with intact range of motion and positive right straight leg raise. Current diagnoses included brain contusion, traumatic brain injury, cervical spine sprain and strain, lumbar spine sprain and strain, right sacroiliac joint radiculopathy, bilateral epicondylitis, right median epicondylitis and right wrist sprain and strain. The treatment plan included refilling medications (Fenoprofen, Gabapentin and Cyclobenzaprine), physical therapy twice a week for four weeks, continuing home exercise and joining a gym.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2x4 Cervical Spine:** 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 ongoing pain in the right shoulder, right elbow, right wrist and neck associated with ongoing frequent and intense headaches and stiffness in the neck and shoulder area. The current request is for 8 sessions of physical therapy (PT) for the cervical spine. The UR dated 7/28/15 (9A) indicates the patient has received physical therapy in the past. The clinical records provided did not document the actual number of sessions previously completed. The treating physician requests on 5/6/15 (30B), "physical therapy twice a week for four weeks." This report also references the Panel QME dated 12/30/14 in which the evaluator states the patient will require future medical treatment that will include physical therapy. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading" of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a fully independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The treating physician state the IW is still experiencing an aggravation of his shoulder pain without giving a mechanical mechanism of injury. It appears that the IW is experiencing and increase in pain because of denial of medication. The current request is not medically necessary.