

<b>Case Number:</b>	CM15-0183025		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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

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 47-year-old woman sustained an industrial injury on 5-10-2013. Diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, and neck pain. Treatment has included oral medications, psychological care, and physical therapy. The worker states she has benefitted with an increase in strength and better range of motion from physical therapy and is learning the exercises, however would benefit from further physical therapy. Physician notes dated 7-9-2015 show complaints of chronic neck and back pain. The worker states her pain is rated 10 out of 10 without medications and 6 out of 10 with medications. The physical examination shows a normal gait, tenderness to palpation of the cervical paraspinal muscles, greater on the right side, with tension extending to the right upper trapezius muscles. Cervical spine range of motion is decreased by 20% for flexion, extension, and bilateral rotation with a significant amount of guarding. Sensation is intact to the bilateral upper extremities, motor strength is decreased to 4 out of 5 with hand grip and is greater on the left, deep tendon reflexes are equal at the biceps, triceps, and brachioradialis at +1. Recommendations include physical therapy, Docusate Sodium, Senna, Venlafaxine, Nabumetone, Morphine Sulfate, and follow up in 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 the neck and low back x 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2013 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the neck and low back x 6 sessions is not medically necessary and appropriate.