

<b>Case Number:</b>	CM15-0189091		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 55 year old female sustained an industrial injury on 2-1-08. Documentation indicated that the injured worker was receiving treatment for rotator cuff sprain and strain, subscapularis muscle sprain and strain and cervicgia. Magnetic resonance imaging cervical spine (3-1-15) showed multilevel disc desiccation with disc herniations. Previous treatment included physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit, injections and medications. In an initial consultation dated 3-30-15, the injured worker complained of pain in the left shoulder and neck, rated 7-9- out of 10 on the visual analog scale. Physical exam was remarkable for left shoulder with trigger points and taut bands, painful and "restricted" range of motion and diminished overall strength due to pain and slightly positive Hawkin's sign and cervical spine with range of motion: flexion 40 degrees, extension 40, left lateral bend 20 degrees, left lateral rotation 50 degrees, right lateral bend 25 degrees and right lateral rotation 45 degrees and tenderness to palpation to the paraspinal with spasms and trigger points. In a reevaluation dated 8-20-15, the injured worker complained of cervical spine pain with radiation to bilateral arms, rated 7 out of 10, associated with numbness and tingling and daily headaches. Physical exam was remarkable for cervical spine with bilateral tenderness to palpation and range of motion: flexion 80 degrees, extension 60 degrees, bilateral lateral bend 20 degrees, right rotation 80 degrees and left rotation 70 degrees and 5 out of 5 upper extremity strength and intact sensation. The physician documented that per the 4-23-15 report, the injured worker had cervical spondylosis at C6-7 with anterior osteophytes and good disc height. The injured worker had been

doing physical therapy both with the therapist and at home. The treatment plan included continuing physical therapy, continuing heat and stretching and medications (Voltaren, Anaprox, Flexeril and Omeprazole). On 8-28-15, Utilization Review noncertified a request for additional physical therapy twelve sessions for the cervical spine.

### **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, twice a week for six weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface, Physical Therapy.

**Decision rationale:** MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ACOEM recommends "1-2 physical therapy visits for education, counseling, and evaluation of home exercise". ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with: Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks; Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records provided indicate this patient has recently been approved for 12 sessions of PT. The request for an additional 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for Physical Therapy for the cervical spine, twice a week for six weeks is not medically necessary.