

<b>Case Number:</b>	CM15-0190623		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Emergency 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 56 year old female, who sustained an industrial injury on 8-21-13. The documentation on 8-13-15 noted that the injured worker reports that her numbness in the right upper extremity has improved, but she continues to have bilateral upper extremity, right greater than left, radiating pain. There is tenderness to palpation in the cervical spine with pain. Cervical range of motion reveals flexion 50 degrees, extension 10 degrees; right and left lateral rotation 40 degrees with discomfort primarily flexion and right and left lateral bending 40 degrees. The diagnoses have included displacement of cervical intervertebral disc without myelopathy. Treatment to date has included carpal tunnel release in the right upper extremity on 8-5-15; tramadol; anti-inflammatories with marginal benefit and naproxen. Electromyography revealed a carpal tunnel syndrome. Cervical spine magnetic resonance imaging (MRI) reveals C5-C6 degenerative disc disease with broad based disc bulge and herniation, right greater than left, foraminal stenosis, compressing the exiting C6 nerve roots. The original utilization review (8-31-15) non-certified the request for physical therapy 2 times a week times 4 weeks 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 2 times a week times 4 weeks for the cervical spine: 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:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain especially in acute pain. Patient has documented prior multiple PT sessions but it is unclear how many were done and if the neck ever received PT. It is unclear what is being treated with PT since documentation shows full range of motion, no neurological deficits and no weakness. It is unclear what can be done by PT that cannot be done as home exercise. Guidelines also recommend a trial of up to 6 PT sessions before any additional PT is recommended. This request exceeds guidelines. Request for 8PT sessions is not medically necessary.