

<b>Case Number:</b>	CM15-0191463		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: New York, Tennessee

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 59 year old female who sustained an industrial injury June 17, 2014. Diagnoses are cervical disc degeneration; brachial neuritis, not otherwise specified; cervicgia. According to physical therapists notes dated August 3, 2015, the injured worker was treated eight times between May 26, 2015 and June 24, 2015, and three additional visits in July, 2015. She demonstrated good progress toward goals; improvement in active cervical range of motion, decrease in neck pain levels, improvement in the DASH index, decreasing from 16% impaired to 8% impaired and in the neck index decreasing form 32% impaired to 13 % impaired. She reported feeling better with no pain at rest and no longer getting headaches, just worried pain may return. According to an orthopedic physician's consultation dated August 25, 2015, the injured worker presented with a history of complaints of left shoulder pain and left sided neck pain and occasional tingling into the ulnar two fingers of the left hand, although these symptoms are not present at this visit. Objective findings included; cervical spine- tenderness to the midline; mild tenderness and spasm in the paravertebral and trapezius musculature bilaterally, more on the left; cervical flexion brings chin to the sternum, extension is 20 degrees, right and left lateral rotation 60 degrees and left lateral tilt 30 degrees with neck pain at each limit more on the left side; Spurling's is negative, left and right. Treatment plan included to continue with ibuprofen, and at issue, a request for authorization dated September 2, 2015 for additional physical therapy two times a week for six weeks, cervical. According to utilization review dated September 10, 2015, the request for additional Physical Therapy (2) x (6) cervical spine is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2 times a week for 6 weeks, cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized. Therefore, the requested treatment is not medically necessary.