

<b>Case Number:</b>	CM15-0203499		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 10-1-2011. The injured worker was being treated for cervical disc disease, rule out left sided cervical radiculopathy. Medical records (6-25-2015, 8-6-2015, and 9-9-2015) indicate ongoing neck pain and stiffness burning sensations that radiate to the left arm with numbness and weakness to the forearm. The physical exam (6-25-2015, 8-6-2015, and 9-9-2015) reveals a normal cervical curve, normal cervical range of motion, left trapezius pain, and a "vague sensory deficit in the left upper extremity possibly in the cervical 6 dermatome". The MRI of the cervical spine (dated 3-11-2015) noted moderate spinal canal stenosis, severe left neural foraminal narrowing and mild right neural foraminal narrowing at cervical 6-7 with encroachment on the left cervical 7 nerve root. There was mild spinal canal stenosis, moderate to severe left neural foraminal narrowing and mild right neural foraminal narrowing at cervical 7-thoracic 1 encroachment on left cervical 8. There was mild rotation of the right side of the spinal cord at cervical 5-6. The electromyography of the upper extremity (dated 9-24-2015) stated bilateral moderate median neuropathy and no evidence of cervical radiculopathy (unchanged from previous EMG/NCS of 7/9/12 and 11/4/14.) Treatment has included chiropractic therapy, at least 10 sessions of physical therapy, massage, acupuncture, off work, a FRP (functional restoration program), and medications including Tramadol and Benzodiazepine. Per the treating physician (9-24-2015 report), the injured worker has not returned to work. The requested treatments included 6-12 more visits of physical therapy for the neck. On 10-1-2015, the original utilization review non-certified a request for 6-12 more visits of physical therapy for the neck.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy 6-12 More Visits for the Neck: Upheld**

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

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

**Decision rationale:** Review indicates the patient has received extensive treatment to include massage treatment, acupuncture, chiropractic, and Physical therapy along with at least 20 weeks of Functional Restoration Program in 2013. 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 2011 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 6-12 More Visits for the Neck is not medically necessary and appropriate.