

<b>Case Number:</b>	CM15-0206475		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 51 year old female, who sustained an industrial injury on 6-27-14. The injured worker is diagnosed with left cervical radiculopathy and post-concussion syndrome with headaches and anxiety. Her work status is modified duty; however, she is not currently working per note dated 9-8-15. Notes dated 7-28-15 and 9-8-15 reveals the injured worker presented with complaints of headaches and neck pain that can be severe. She reports decreased sensation in the left upper extremity and left hand tingling. She reports difficulty sleeping due to headache pain and anxiety. Physical examinations dated 7-28-15 and 9-8-15 revealed bilateral cervical spine tenderness and decreased sensation in the left arm. Cervical spine and bilateral shoulders range of motion are within normal limits. There is pain to palpation in the bilateral cervical strap muscles and facet areas. Treatment to date has included medication. Diagnostic studies include electrodiagnostic studies and head CT scan. A request for authorization dated 10-12-15 for physical therapy for the neck and left upper extremity-6 sessions is non-certified, per Utilization Review letter dated 10-19-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for neck & left upper extremity, 6 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient was injured on 06/27/14 and presents with neck pain, left hand tingling, left knee pain, and head pain. The request is for PHYSICAL THERAPY FOR NECK & LEFT UPPER EXTREMITY, 6 VISITS. There is no RFA provided and the patient is not currently working. The utilization review letter states that the patient has had 13 sessions of physical therapy to date. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with left cervical radiculopathy and post-concussion syndrome with headaches and anxiety. Treatment to date has included medication. Review of the reports provided does not indicate if the patient had any recent surgery. The patient has had 13 sessions of physical therapy with no documentation of improvement in function and pain. There is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. Furthermore, the requested 6 sessions of therapy in addition to the 13 she already had exceeds what is allowed by MTUS guidelines. The request IS NOT medically necessary.