

<b>Case Number:</b>	CM15-0024793		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 64 year old, female patient, who sustained an industrial injury on 08/01/2012. An orthopedic follow up visit dated 12/22/2014 reported the patient's condition is unchanged since last examination although headaches are more frequent. The pain radiates from the neck to the upper back, and she notes numbness in her hands. She has attended 8 physical therapy sessions with noted increased mobility. The patient is using Celebrex without benefit as well as Lidocaine gel; also not working. She is diagnosed with intervertebral disc disorder and cervicalgia. A request for additional sessions of physical therapy treating the cervical spine was made. On 01/27/2015, Utilization Review, non-certified the request, noting the ODG Neck and Upper Back, Physical Therapy was cited. The injured worker submitted an application, on 02/09/2015 for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2x6 of Cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11 edition (web), 2014, Neck and Upper Back, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with left shoulder and neck pain. The current request is for ADDITIONAL PHYSICAL THERAPY 2X6 OF CERVICAL SPINE. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Physical therapy progress reports indicated that the patient most recently underwent a course of 14 physical therapy session address the patient Cervicalgia and 44 sessions addressing the patient chronic left shoulder symptoms. In this case, the patient has had ample physical therapy and the treating physician does not discussion why the patient would not be able to transition into a home exercise program. Furthermore, the request for additional 12 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.