

<b>Case Number:</b>	CM15-0024979		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Hawaii  
 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 (IW) is a 54-year-old female who sustained an industrial injury on 08/12/2014. The fall injury caused pain in the low back, upper back, neck, head, right elbow and right lower leg. Diagnoses include cervical spine sprain/strain, rule-out disc herniation; bilateral shoulder referred pain from the neck; bilateral hand sprain/strain; rule-out compressive neuropathy, bilateral hands; lumbar spine sprain, rule-out disc herniation; right hip contusion with greater trochanteric bursitis; right knee contusion; and right anterior shin sprain. Treatment to date has included medications and physical therapy. Diagnostics performed include x-rays and MRI. According to the progress notes dated 12/15/14, the IW reported pain in her neck, right hip, right lower back and right upper leg. She also has numbness in the right hand with certain activities and headaches. The notes indicate prescribed medications keep her pain levels between 3/10 and 8/10; previous physical therapy did not include stretching, myofascial releases or strengthening. The requested services are included in the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain affecting the cervical spine, bilateral shoulder, and neck. The current request is for Physical Therapy, Cervical Spine. The treating physician states, "The last set of physical therapy cold and hot packs were applied and there really was no active physical therapy including stretching, myofascial release, and strengthening done. Therefore, I recommend 12 sessions of good physical therapy for her neck and back to improve her condition." (90) In a physical therapy treatment note for various dates it states that myofascial release, theraband exercises, and muscle stimulation were all performed. (42) The patient has not had surgery and has completed 12 sessions of physical therapy. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has documented that the patient has already completed 12 sessions of physical therapy and any additional treatment would exceed the recommended guidelines. Furthermore, the current request does not indicate the frequency or duration of treatment required, thus rendering the request invalid. The current request is not medically necessary and the recommendation is for denial.