

<b>Case Number:</b>	CM15-0031539		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/15/2000
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 63 year old female, who sustained an industrial injury on September 15, 2000. She has reported pain in the neck, pain in the bilateral upper extremities and carpal tunnel symptoms. The diagnoses have included cervicalgia, a median nerve lesion and disc displacement. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of pain in the neck, pain in the bilateral upper extremities and carpal tunnel symptoms. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She has been treated conservatively without resolution of the pain. She was noted to have previous physical therapy sessions. No objective information from previous physical therapy sessions was provided in the documentation. Evaluation on March 4, 2015, revealed continued pain. Upper extremity nerve conduction studies, a compound pain cream and physical therapy were requested. On February 5, 2015, Utilization Review non-certified a request 12 Sessions of Physical Therapy for the Cervical Spine (2x6), noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested 12 Sessions of Physical Therapy for the Cervical Spine (2x6).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy for the Cervical Spine (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG and neck chapter-therapy pg 39.

**Decision rationale:** According to the ODG guidelines, up to 9 sessions of therapy over 8 weeks for cervicalgia is recommended for medical management of impingement syndrome. According to the MTUS guidelines, treatment is recommended in a fading frequency. In this case, the 12 sessions requested exceed the amount recommended in the guidelines. There is no indication that additional exercises cannot be completed at home after initial education. The request is therefore not medically necessary.