

<b>Case Number:</b>	CM15-0034846		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 male who sustained an industrial injury on 7/9/14. The diagnoses have included cervical spine strain/sprain, myofascial pain, chronic pain syndrome, and left leg neuropathic pain early complex regional pain syndrome. Treatment to date has included medications, activity modifications, physical therapy and diagnostics. The diagnostic testing that was performed included cervical spine Magnetic Resonance Imaging (MRI). The current medications included Lyrica, Pamelor, Relafen and Lidoderm patches. Currently, as per the physician progress note dated 2/10/15, the injured worker complains of left side neck pain that radiates to the shoulder and left head, bilateral hand pain with numbness, low back and bilateral buttock pain that radiates to the left leg and bilateral toe cramping. The pain was rated 8/10 on pain scale and worsens with activity. The exam findings revealed cervical spine had positive trigger points and decreased painful range of motion. The previous therapy sessions were noted. Work status was totally temporarily disabled, remains off work until 3/11/15. The physician requested treatments included Physical therapy (neck) 2 times weekly for 3 weeks, Authorization to treat left leg, and Authorization to treat cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (neck) 2 times weekly for 3 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** 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 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 (neck) 2 times weekly for 3 weeks is not medically necessary and appropriate.

**Authorization to treat left leg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received some previous therapy sessions reports and current request is for continued authorization to treat. Submitted reports have not adequately demonstrated the indication to support further physical therapy and unspecified treatment for the left leg without demonstrated acute flare new injury, or progressive neurological deterioration. The Authorization to treat left leg is not medically necessary and appropriate.

**Authorization to treat cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received some previous therapy sessions reports and current request is for continued authorization to treat. Submitted reports have not adequately demonstrated the indication to support further physical therapy and unspecified treatment for the cervical spine without demonstrated acute flare new injury, or progressive neurological deterioration. The Authorization to treat cervical spine is not medically necessary and appropriate.