

<b>Case Number:</b>	CM15-0036937		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 44 year old female who sustained an industrial injury on 08/08/2014. Diagnoses include spinal stenosis of the cervical region, degenerative disc disease of the cervical spine and neck pain. Treatment to date has included 12 physical therapy sessions with manual traction, and home exercise program. A physician progress note dated 01/26/2015 documents the injured worker has right sided neck and shoulder pain along with tingling to her middle 3 fingers of her right hand. Initially she was experiencing right arm pain in a C6 distribution, but this has largely dissipated. She states she does notice some decrease in grip strength to the right. On examination Spurling's maneuver is positive on the right. She has a diagnosis of Modic 1 endplate changes of C5-6 with right greater than left foraminal stenosis. Treatment requested is for physical therapy 2 times a week for 5-6 weeks to the cervical spine and right upper extremity. On 02/11/2015 Utilization Review non-certified the request for physical therapy 2 times a week for 5-6 weeks to the cervical spine and right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 5-6 weeks C/S RUE:** Upheld

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

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

**Decision rationale:** Based on the 1/26/15 progress report provided by the treating physician, this patient presents with chronic right-sided neck pain, shoulder pain, with tingling to her 3rd middle finger of her right hand. The treater has asked for PHYSICAL THERAPY 2 TIMES A WEEK FOR 5-6 WEEKS C/S RUE on 1/26/15. The patient's diagnoses per Request for Authorization form dated 2/5/15, are foraminal stenosis of cervical region, DDD cervical, and neck pain. Per review of reports dated 10/17/14 to 1/26/15, the patient has not had any prior surgeries to the neck or shoulder. The patient's pain is not currently severe enough to consider PO medications per 1/26/15 report, but a possible candidate for a posterior cervical foraminotomy if she gets good relief from a cervical epidural steroid injection per 1/26/15 report. The patient's work status is modified per 10/31/14 report. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The patient has had 12 prior physical therapy sessions with unspecified dates per utilization review letter dated 2/11/15. The 1/9/15 report states that prior physical therapy and home exercise program was effective in providing "temporary pain relief and functional gain." The area of the body the physical therapy was targeting was not specified. In regard to the 12 physical therapy sessions for the C/S and right upper extremity, the treater has exceeded guideline recommendations. As the patient has had 10 prior physical therapy sessions, the requested additional 12 sessions exceeds guideline recommendations. Therefore, this request IS NOT medically necessary.