

<b>Case Number:</b>	CM15-0039590		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 56-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain, shoulder pain, and upper extremity pain reportedly associated with cumulative trauma at work first claimed on January 9, 2015. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the cervical spine. The claims administrator referenced a January 20, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On November 20, 2014, the applicant reported 5-7/10 neck pain radiating to the bilateral arms. The applicant's claim had been denied, pending a medical-legal evaluation. The applicant had obtained attorney representation, it was incidentally noted. The applicant's work status was not detailed on this occasion. In a medical-legal evaluation dated November 24, 2014, it was acknowledged that the applicant was no longer working and was receiving total temporary disability benefits. Physical therapy was endorsed via an RFA form dated February 4, 2015. An associated progress note of January 20, 2015 was notable for comments that the applicant had ongoing complaints of neck and left upper extremity pain ranging from 7-9/10. A rather proscriptive 10-pound lifting limitation was endorsed, seemingly resulting in the applicant's removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the 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 Medicine Page(s): 99.

**Decision rationale:** The 12-session course of treatment proposed represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation, it is further noted, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of the same. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.