

<b>Case Number:</b>	CM15-0040945		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 66-year-old female with an industrial injury dated January 12, 2010. The injured worker diagnoses include neck pain, lateral epicondylitis, chronic pain syndrome, and disorder of bursa of shoulder region. She has been treated with diagnostic studies, prescribed medications, acupuncture therapy, physical therapy, home exercise therapy, psychiatric counseling and periodic follow up visits. According to the progress note dated 1/27/2015, the injured worker reported right sided neck pain, low back pain and right upper extremity pain. Associated symptoms included upper extremity weakness, numbness in the left upper extremity and stiffness and spasm of the neck. Treatment plan consists of physical therapy, acupuncture therapy, prescribed medications and continue with home exercise therapy.

### 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 3 weeks to the neck, upper extremities and upper and lower back:** Overturned

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

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

**Decision rationale:** Per the 01/27/15 report, the patient presents with right sided neck pain, low back pain and right upper extremity pain. Associated symptoms included upper extremity weakness, numbness in the left upper extremity and stiffness and spasm of the neck. The current request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS TO THE NECK, UPPER EXTREMITIES AND LOWER BACK. The RFA is not included; however, the 02/04/15 utilization review states the RFA is dated 01/28/15. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The reports provided for review show no evidence the patient is within a post-surgical treatment period, that the patient has a history of cumulative trauma injuries, and she is currently experiencing moderate pain rated 5-6/10. The treating physician states the patient completed only 6 sessions of PT in 2012 and 4 sessions in 2013, has not had further PT treatment and currently lacks a comprehensive Home Exercise Program. It is noted that prior physical therapy reduced the patient's pain and improved strength, stability and range of motion; however, the body parts treated are not specified. The reason for this request is to, "increase her strength, stability, ROM, to increase her HEP participation, to reduce her pain and reduce her medication use." In this case, there is no evidence of recent physical therapy, there is clinical evidence of continued deficits, and the request is within what is allowed per the MTUS guidelines. The request is medically necessary.