

<b>Case Number:</b>	CM15-0052990		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: New Jersey

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 36 year old female, who sustained an industrial injury on June 26, 2012. She reported neck, back, bilateral shoulders, left elbow and bilateral hand/wrist, and left fingers pain. The injured worker was diagnosed as having a cervical spine disc bulge and cervical spine, left- sided cervical 5 and cervical 6 radiculopathy. Treatment to date has included x-rays, MRI of the cervical spine, electrodiagnostic study, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 19, 2015, the injured worker complains of neck pain and spasms, and frequent numbness to all four fingers of the left hand, with left upper extremity weakness. The physical exam of the cervical spine revealed spasm of the bilateral trapezial areas and paraspinal tenderness, greater on the left. There was increased pain with motion and decreased range of motion. The treatment plan includes physical therapy 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, three times a week for four weeks for cervical spine:** 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:** Physical therapy in the form of passive therapy for the neck is recommended by the MTUS Guidelines as an option for chronic cervical pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had her injury years prior to this request for physical therapy. There was an incomplete record of how many sessions of physical therapy she has had since then for her cervical spine. However, this request was for 12 sessions, which is more than necessary to return to a focused home exercise routine for the neck. One to three sessions would have sufficed to help instruct the worker to perform exercises at home. Also, there was no evidence to suggest there was any difficulty with home exercises. Therefore, the request for physical therapy for the cervical spine (x 12) will be considered medically unnecessary.