

<b>Case Number:</b>	CM15-0059416		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Internal 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 injured worker is a 51-year-old female, who sustained an industrial injury on 03/12/2012. She has reported subsequent neck, back and right shoulder pain and was diagnosed with cervical and lumbar sprain/strain with radiculitis and right shoulder impingement syndrome. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 01/28/2015, the injured worker complained of low back and ankle pain. Objective findings were notable for an antalgic gait, 2+ tenderness of the paraspinal muscles, trapezius and parascapular muscles bilaterally, tenderness to palpation of the cervical spine process from C3-C7, positive cervical compression and shoulder depression tests. The physician noted that a request for authorization of continuation of physical therapy for the cervical spine was being made and that the focus should include strength training, increasing the range of motion and decreasing the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy one time a week for 6 weeks to cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface, Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document a history of neck complaints. Past treatments have included physical therapy. The progress reports dated 1/28/15 and 2/19/15 did not document functional improvement with past PT physical therapy. No flare-up of neck complaints were documented. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Because no functional improvement with past physical therapy was documented, the request for additional physical therapy is not supported by MTUS or ODG guidelines. Therefore, the request for physical therapy one time a week for six weeks for the cervical spine is not medically necessary.