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| <b>Case Number:</b>   | CM15-0088456 |                              |            |
| <b>Date Assigned:</b> | 05/12/2015   | <b>Date of Injury:</b>       | 04/01/2013 |
| <b>Decision Date:</b> | 06/29/2015   | <b>UR Denial Date:</b>       | 04/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/08/2015 |

### 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: Pennsylvania, Ohio, 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:

This is a 64-year-old female with an April 1, 2013 date of injury. A progress note dated March 31, 2015 documents subjective findings (cervical spine pain; tingling in arm; weakness of the right arm), objective findings (unchanged; progress note dated November 11, 2014 notes findings of tenderness to palpation over the cervical paravertebral muscles, and decreased range of motion; decreased sensation in the arms; tenderness to palpation over the acromioclavicular joint of the right shoulder with decreased muscle strength and decreased range of motion), and current diagnoses (cervical spine disc protrusion with radiculopathy; paresthesia, probable carpal tunnel syndrome). Treatments to date have included physical therapy, chiropractic care, electromyogram/nerve conduction velocity study (June 19, 2014; showed normal findings), magnetic resonance imaging of the cervical spine (January 8, 2015; showed several levels of neural foraminal stenosis, degenerative disc disease of mild to moderate degree, degenerative facet disease of moderate to severe degree, and a small lesion within the C3 vertebra likely representing a benign hemangioma), and medications. The treating physician documented a plan of care that included physical therapy for the cervical spine.

### 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, 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): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.