

<b>Case Number:</b>	CM15-0089408		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	06/23/2015	<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: California, Hawaii  
 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 51 year old female, who sustained an industrial injury on 04/19/2004. She has reported injury to the neck and right shoulder. The diagnoses have included cervical disc herniation C5-6 and C6-7 with right C6 and C7 radiculopathy; cervical spondylosis from C3-7; fibromyalgia; and C5-7 anterior cervical discectomy and fusion surgery. Treatment to date has included medications, diagnostics, cervical interlaminar epidural steroid injection; right subacromial injection, physical therapy, home exercise program, and surgical intervention. Medications have included Percocet, Duexis, and Voltaren Gel. A report from the treating physician, dated 04/02/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of axial neck pain that is worse with forward flexion, as well as pain that radiates down the right arm; and has undergone surgery complicated by infection. Objective findings included diffuse tenderness over the cervical paraspinal musculature; sensation to light touch is decreased in a diffuse non-dermatomal pattern from top of shoulder to hands; and cervical spine incision is clean, dry, and intact, with no significant erythema. The treatment plan has included the request for physical therapy 2 x 6 cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 Cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with neck pain and right shoulder pain that radiates down the right arm. The current request is for physical therapy (PT) 2 x 6 for the cervical spine. The treating physician states on 4/2/15 (6B) "continue physical therapy. Optimize home exercise program." The treating physical therapist on 4/3/15 (111B) states that the patient is demonstrating increased A/PROM of the cervical spine but remains very hesitant to move her head/neck and that her movements remain very slow and guarded. The therapist recommends continuing therapy 2 visits per week for six weeks stating, "remaining impairments and limitations will be addressed." Patient was previously approved for 12 sessions of PT, 9 of which had been completed by 4/3/15. Patient is postsurgical C5-6, C6-7 anterior cervical discectomy and fusion with instruments 6/27/14. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why a home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary and the recommendation is for denial.