

<b>Case Number:</b>	CM15-0093331		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 69 year old female patient who sustained an industrial injury on 08/18/2011. A primary treating office visit dated 04/23/2014 reported subjective complaints of persistent pain in the left neck and shoulder, which radiates into the arm associated with numbness in the left thumb. She notes pain and weakness in the left hand. There were objective findings of decreased motion with pain on the cervical spine. She is working regular duty. She was diagnosed with status post left shoulder arthroscopy with on 03/16/2012; status post left endoscopic carpal tunnel release; cervical arthrosis/radiculopathy; left thumb CMC arthrosis and trapezial and paracervical strain. The plan of care involved: the patient undergoing updated nerve conduction study evaluating for double crush type phenomenon, undergo a magnetic resonance imaging scan of cervical spine ruling out any underlying cervical pathology, referral to a spine specialist, continue with NSAID. She was dispensed Voltaren and Menthoderm. The other medications listed are Celebrex and omeprazole. The patient is to follow up in six weeks. The previous requests for MRI of the cervical spine and EMG/NCS was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Cervical Spine 2x6: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines page(s): 22, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the treatment of exacerbation of musculoskeletal pain when conservative treatments with NSAIDs, exercise and behavioral modifications have failed. The records indicate that the patient had utilized NSAIDs medications and exercise for the neck pain. The previously completed PT was targeted to the shoulder condition. There is significant subjective and objective findings related to the cervical spine. The previously requested MRI, EMG/NCS and spine specialist consultation is still pending authorization. The criteria for Physical Therapy (PT) 2 X 6 for cervical spine was met. Therefore, the requested medical treatment is medically necessary.