

<b>Case Number:</b>	CM15-0233509		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	09/27/1997
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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, Indiana, New York  
 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 62 year old female, who sustained an industrial injury on 09-27-1997. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for status post multiple anterior cervical discectomy and fusions, status post bilateral carpal tunnel decompression with continued symptoms, and status post multiple shoulder surgeries. Treatment and diagnostics to date has included shoulder surgeries, cervical spine surgeries, and medications. Medications have included Flector patch, Tylenol #3, and Flexeril. Subjective data (11-02-2015), included neck and shoulder pain. Objective findings (11-02-2015) included "no tenderness to palpation" and motor strength 5 out of 5 throughout bilateral upper extremities and lower extremities. The Utilization Review with a decision date of 11-24-2015 denied the request for physical therapy 2x6 weeks for the neck.

### 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 weeks for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week in six weeks to the neck is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post multiple anterior cervical decompression and fusions in 2002 and 2005; status post bilateral carpal tunnel decompression with continued symptoms; and status post shoulder surgery times three (last surgery April 9, 2013). Date of injury is September 27, 1997. Request for authorization dated November 12, 2015. According to a November 2, 2015 progress note, the injured worker has multiple symptoms increased pain in the neck and shoulders. There are no new complaints. Objectively, there is no tenderness over the cervical spine. Motor and sensory functions are normal. There were no positive physical findings on examination in the progress note. According to the utilization review the injured worker received adequate physical therapy. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement. There are no positive objective findings on physical examination. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy two times per week in six weeks to the neck is not medically necessary.