

<b>Case Number:</b>	CM15-0241666		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	10/01/1992
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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: Family Practice

### 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 49 year old male who sustained an industrial injury on October 01, 1992. The IW is being treated for: cervical spondylosis with DDD and radiculopathy. Subjective: reported complaint of neck pain. He continued with numbness and tingling into hand and right shoulder with spasms. Diagnostic: MRI CS; cervical radiographic study. Medication: October 19, 2015 initiated tapering dose of oral Prednisone, Ultram, and Soma. November 2015: Voltaren initiated. Treatment: activity modification, medication, HEP, injection last 2011. On November 02, 2015 a request was made for PT session 8 for the cervical spine that were non-certified by Utilization Review on November 06, 2015.

### 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 6 weeks cervical spine:** 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 rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended; however, there are guidelines on the number of visits and the expectation that upon completion of these sessions the patient will participate in a home exercise program. Physical Medicine Guidelines for the number of sessions is as follows: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the medical records indicate that the patient has already completed a course of physical therapy. Under these conditions, it would be expected that the patient should be engaged in a home exercise program. There is no information to indicate why the patient is unable to participate in a home exercise program. Given the prior completion of a physical therapy program and without evidence of the inability to engage in a home exercise program, additional physical therapy visits (3 times a week for 6 weeks for the cervical spine) is not medically necessary.