

Case Number:	CM14-0116762		
Date Assigned:	08/04/2014	Date of Injury:	12/02/2009
Decision Date:	10/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old male who sustained injuries on December 2, 2009 while performing his usual and customary duties as a tile installer. The injured worker is currently not working. Cervical spine x-ray performed on December 2, 2009 demonstrated mild degenerative changes. Progress reports dated February 4, 2014 and March 12, 2014 noted complaints of neck pain, left shoulder pain, low back pain and poor sleep quality. He rated his overall pain as 6/10 with medications and 9/10 without medications. Physical exam findings for the cervical spine showed hypertonicity and trigger points with elicited twitch response. Cervical spine ranges of motion were restricted at lateral rotation to the left at 25 degrees and lateral rotation to the right limited by 10 degrees. Neck flexion and extension were normal. As per report, the injured worker has finished 12 physical therapy sessions for his low back which increased his pain but improved his range of motion. The injured worker expressed he is not interested in having surgery. QME report dated May 12, 2014 noted the injured worker's complaints of neck pain radiating to the back of his head and feels that there is a "cracking sound" in his neck when he moves his head and neck. Physical exam for the neck revealed full active range of motion, performed slowly with no significant pain response. Progress report dated June 10, 2014 noted complaints of neck pain and left shoulder pain rated as 8/10 without medications and 4/10 with medications. Relevant physical exam findings showed neck ranges of motion were restricted at lateral rotation to the left limited at 20 degrees and lateral rotation to the right limited at 15 degrees. Neck flexion and extension were normal. Permanent and stationary report dated June 20, 2014 indicated complaints of neck pain rated as 5/10 without medications and 2/10 with medications. He noted that his "activity level remains the same." Current medication regimen includes: Lidoderm 5% patch, Voltaren 1% gel, Ultram 50 mg, and Senna 8.6 mg. Cervical spine examination showed hypertonicity and trigger points with twitch response over the

paravertebral muscles. Cervical ranges of motion were restricted at left lateral rotation at 25 degrees and right lateral rotation at 10 degrees. Neck flexion and extension were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times per week times six (6) weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 5/30/2014), Physical Therapy (PT), Sprains and strains of neck

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172-179, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy (PT)

Decision rationale: The Chronic Pain Guidelines indicates that active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The referenced guideline further states that fading of treatment frequency (from up to 3 visits per week to 1 or less) should be allowed plus active self-directed home physical therapy medicine. Guidelines recommend 9-10 visits over 8 weeks for myalgia/ sprains and strains of the neck. Based from the submitted medical records for review, the injured worker is noted to have participated in prior physical therapy but directed for the lumbar spine and left shoulder. The treating provider's progress report dated February 4, 2014 indicated that the injured worker has recently completed 12 sessions of physical therapy for the low back and 25 sessions of physical therapy for the left shoulder. Although the therapy may be beneficial to this injured worker, it is unclear from the medical records if the he has undergone prior physical therapy sessions for the neck. Additionally, the request for physical therapy two times a week for six weeks exceeds the recommendations of the guidelines. Therefore, it can be concluded that the physical therapy two (2) times per week times six (6) weeks for the cervical spine is not medically necessary at this time.