

<b>Case Number:</b>	CM14-0122187		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 43 year old male who sustained a work injury on 9-30-11. The claimant reports persistent neck pain and difficulty sleeping. He also notes pain in bilateral arms and hands. Office visit from 6-18-14 his exam shows Examination of the back reveals moderate amount of spasm in the right paracervical area, trapezius, and paralumbar area. Examination of the neck reveals limited range of motion. Examination of the upper extremity reveals pain over the bicipital groove. There is pain over the left upper trapezius. There is decreased sensation in the deltoid area extending into the right flexors and extensors. There is pain over the right radial head causes pain to shoot distally and caudally. The claimant also has tenderness over the medial and lateral epicondyle of the humerus. There is pain down into the wrist which shoots up the biceps and up into the posterior neck. Examination of the left upper extremity reveals pain over the bicipital groove. There is some loss of sensation over the left badge area. There is weakness of the abductors with positive Tinel's test and Phalen's test. There is positive Finkelstein's test and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy #12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical spine chapter - physical therapy.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed from the injury. It is felt that this patient should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the request of twelve (12) Physical Therapy sessions is not medically necessary and appropriate.