

<b>Case Number:</b>	CM14-0142925		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 48-year-old female with a date of injury of 01/12/2014. The listed diagnoses per [REDACTED] are: 1. Cervical spondylosis, 2. Cervical radiculopathy, left C6, 3. Cervical spine mild ligamentous sprain/strain, 4. Patellofemoral syndrome, left knee. According to progress report 08/22/2014, the patient presents with persistent neck pain radiating to the left upper extremity with paresthesia in the left hand. She has completed 8 sessions of physical therapy. Her pain continues to be severe. Examination of the cervical spine revealed tenderness without spasm in the left cervical paravertebral muscles and in the left upper trapezius. Flexion causes increased neck pain in the cervical paraspinal muscles. There is decreased range of motion. Treater is requesting additional physical therapy 2 times a week for 4 weeks to the cervical spine. Utilization Review denied the request on 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks to the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98,99.

**Decision rationale:** This patient presents with persistent neck pain that radiates down to the left upper extremity with paresthesias in the left hand. The treater is requesting additional physical therapy 2 times a week for 4 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myositis, myalgia, and neuritis type symptoms, 9 to 10 sessions over 8 weeks. In this case, the patient underwent 8 visits between 06/30/2014 through 07/21/2014. It appears the patient has no significant improvement and continues with "severe pain." Furthermore, the treater's request for 8 additional sessions with the 8 already received exceeds what is recommended by MTUS. Recommendation is for denial.