

<b>Case Number:</b>	CM14-0145342		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 28-year-old male who reported an injury on 07/27/2011. The mechanism of injury was not provided. On 03/18/2014, the injured worker presented with pain to the right arm and right neck. Current medications included Pristiq, Cymbalta, Norco and Lexapro. Upon examination of there was tenderness to the right upper back and neck and right cervical rotation was 30 degrees. There was diminished grip strength to the right upper extremity. There was a positive Spurling's test with tenderness and a Tinel's at the right medial epicondyle 4th and 5th fingers. There was increased right arm abduction and patellar reflexes are 1 without clonus or spasticity. An MRI reported progressive cervical and foraminal stenosis at C5-6 indicating that he was a probable surgical candidate. The diagnoses were right elbow sprain, right ulnar neuritis, right carpal tunnel syndrome, double crush syndrome, cervical radiculopathy and neurovascular thoracic outlet syndrome with double triple crush injury. The provider recommended physical therapy 2 times a week for 4 weeks and treatment of the cervical spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 4 weeks in treatment of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-

Treatment in Workers Compensation (ODG-TWC), Online Edition, Neck and Upper Back  
Chapter, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical  
Medicine, Page(s): 98..

**Decision rationale:** The request for physical therapy 2 times a week for 4 weeks in treatment of the cervical spine is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy over 4 weeks. The amount of physical therapy visits that have already been completed was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.