

<b>Case Number:</b>	CM14-0162144		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/14/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 64 years old female with an injury date on 08/14/2007. Based on the 09/16/2014 progress report provided by [REDACTED], the diagnoses are: 1. Displacement of the cervical intervertebral disc without myelopathy 2. Anxiety state, unspecified 3. Depression disorder not elsewhere classified According to this report, the patient complains of neck pain that radiates to the right upper extremity and down the forearm. Pain is described as aching, pulsating and throbbing; that is rated at a 6-8/10." The patient also complaints of low back pain that radiate down to the right lower extremity. The patient "does have a formal HEP in place for her low back and lower extremities" but not for the neck. The patient continues to exercise every day and loss weight. Physical exam reveals diminished sensation to light touch over the right C6, C7, and C8 dermatomal distribution. There were no other significant findings noted on this report. The utilization review denied the request on 09/23/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 09/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional physical therapy visits for the right upper extremity (to include finger, hand and wrists only), 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Cervical and Thoracic Spine Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine - Excessive Therapy Page(s): 98, 99, 8.

**Decision rationale:** According to the 09/16/2014 report by [REDACTED] this patient presents with neck and lower back pain that radiates to the right upper and lower extremities. The treating physician is requesting 6 additional physical therapy visits for the right upper extremity (to include finger, hand and wrist only). For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms but there is no such discussion. The treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to continue to perform the home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. This request is not medically necessary.