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| <b>Case Number:</b>   | CM14-0180849 |                              |            |
| <b>Date Assigned:</b> | 11/05/2014   | <b>Date of Injury:</b>       | 05/28/2014 |
| <b>Decision Date:</b> | 12/11/2014   | <b>UR Denial Date:</b>       | 10/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2014 |

### 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 43 year old with an injury date on 5/28/14. The patient complains of intermittent cervical pain with numbness/tingling radiating into right arm, bilateral shoulder/upper trapezius pain, right greater than left, and bilateral hand/wrist numbness especially in the mornings per 8/29/14 report. Based on the 8/29/14 progress report provided by [REDACTED] the diagnosis is cervical spine sprain and strain, rule out cervical spine intervertebral disk disease (IVD) syndrome with radiculopathy at C6-7. Exam on 8/29/14 showed "Cervical spine range of motion limited, especially flexion at 20 degrees. Right shoulder range of motion limited." The patient's treatment history includes physical therapy, and medications. [REDACTED] is requesting physical therapy for the cervical spine and bilateral shoulders two times per week for six weeks. The utilization review determination being challenged is dated 10/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/8/14 to 8/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Cervical Spine and Bilateral Shoulders, two (2) times per week for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** This patient presents with neck pain, bilateral shoulder pain, and bilateral hand/wrist numbness. The provider has asked for physical therapy for the cervical spine and bilateral shoulders two times per week for six weeks on 8/29/14. The patient had prior physical therapy of unspecified visits, shortly after her initial injury but she "did not get better" per 8/29/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had recent therapy that did not help, but the number of sessions was not included in reports. A short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the provider does not indicate any rationale or goals for the requested 12 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. Therefore, this request is not medically necessary.