

<b>Case Number:</b>	CM14-0218641		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 36 year old male, who sustained an industrial injury on 12/12/13 when he was lifting a 100 pound large mixing bowl with the aid of a coworker. Cervical MRI from 8/5/14 showed very minor disc dehydration and less than 1 mm bulging at C3-4, C4-5, C5-6 and C6-7. There is also straightening of the normal cervical lordosis. According to recent medical record from 12/1/14 he has reported neck pain for which he has undergone past physical therapy for the left shoulder which did not help (according to 7/21/14 clinic note), and cervical spine in 2014 with improvement of symptoms and functional capacity. On physical exam there is pain with forward flexion and extension as well as tenderness of the trapezius muscles bilaterally. There is diminished sensation in the left lateral deltoid and over the left thumb and index finger. The diagnoses have included left cervical radiculitis; and cervical degenerative disc disease. Treatment to date has included consultations; diagnostic imaging studies; physical therapy for the cervical spine; and medication management such as muscle relaxer, ibuprofen. There is no mention of previous physical exam for the cervical spine. On 12/4/2014 Utilization Review non-certified, for medical necessity, the request for continued physical therapy, 1 x a week for 6 weeks (initial duration of physical therapy was 11 out of 12 sessions for the cervical spine), noting the MTUS Guidelines for chronic pain medical treatment, was cited. The peer reviewer stated that while prior PT was successful in relieving symptoms there is no evidence of re-injury, re-exacerbation, and no documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 1x6 (cervical):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-101.

**Decision rationale:** According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. The patient has completed 11 sessions with improvement. Since there has not been a re-exacerbation, re-injury or worsening of condition, then according to the CA MTUS guidelines, further one on one PT is not indicated as the patient can reasonably continue with a home exercise program. Consequently based on the guidelines and my review of the provided records it appears the requested sessions of physical therapy are beyond the approved guidelines.