

<b>Case Number:</b>	CM15-0113589		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 10/5/12. The injured worker was diagnosed as having cervical disc degeneration, lumbosacral disc degeneration and radiculopathy/radiculitis. Treatment to date has included oral medications including Mobic, Flexeril and tramadol, physical therapy, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of thoracic spine dated 2/25/15 revealed disc herniation at mid thoracic spine with canal stenosis and no significant neural foraminal narrowing. Currently, the injured worker complains of neck pain with radiation to left shoulder rated 5-10/10. She is currently not working. Physical exam noted restricted range of motion of cervical spine with myofascial trigger points, referred pain along bilateral cervical paraspinous, levator scapulae, trapezius and rhomboids and myospasm with myofascial trigger points and referred pain along bilateral thoracic paraspinous and lumbar paraspinous muscles. The treatment plan included a request for physical therapy and cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 for the cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The patient has planned ESI with therapy request. Per current literature, guidelines allow for a maximum of 2 therapy visits to reinforce the home exercise program post ESI which has recently been certified. There are no reported complications or extenuating circumstances to support further PT post injection outside guidelines criteria. The Physical therapy 2x3 for the cervical is not medically necessary or appropriate.