

<b>Case Number:</b>	CM15-0113881		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/26/2001
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/28/2015
<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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 59 year old female who sustained an industrial injury on 01/26/2001. Mechanism of injury was cumulative trauma involving her head, neck and forearms. Diagnoses include brachial neuritis or radiculitis, and cervicgia. Treatment to date has included diagnostic studies, medications, physical therapy visits, and chiropractic sessions. Her medications include Lyrica 150mg twice a day, Naproxen 550mg as needed, and Lidoderm and Flector patches alternately. A physician progress note dated 05/04/2015 documents the injured worker complains of pain in her neck and upper back. She rates her pain as 3-4 out of 10. She has a positive Spurling test, more on the right than the left as well as trigger points involving the rhomboids and trapezii. With this visit the injured worker received trigger point injections with Lidocaine in the trapezii and rhomboids bilaterally. Treatment requested is for physical therapy, cervical spine, 2 times weekly for 5 wks., 10 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical Spine, 2 times wkly for 5 wks, 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy, cervical spine, two times per week times five weeks (10 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis; and cervicgia. The medical record contains 18 pages. The date of injury was January 26, 2001 (approximately 14 years prior). Utilization review indicates the injured worker received 14 sessions of physical therapy. The documentation from a December 1, 2014 progress note states the injured worker sustained injury to the head, neck and forearms. The injured worker received at least eight sessions of physical therapy and aquatic therapy. According to the May 4, 2015 (most recent progress note), the injured worker has been benefiting from ongoing physical therapy. However, there are no physical therapy progress notes, documentation demonstrating objective functional improvement, and no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation with physical therapy progress notes, documentation evidencing objective functional improvement, total number of physical therapy sessions to date (UR states #14) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy, cervical spine, two times per week times five weeks (10 sessions) is not medically necessary.