

<b>Case Number:</b>	CM15-0116457		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/30/2005
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 51 year old male, who sustained an industrial injury on 8/30/2005. He reported rolling down a hill causing a concussion in a tractor accident. Diagnoses have included head injury with loss of consciousness and subsequent headaches, memory loss, poor concentration and tinnitus in both ears, cervical spine sprain/strain with multilevel cervical disc protrusion and bilateral C6 cervical radiculopathy, bilateral shoulder pain with evidence of internal derangement, lumbar spine sprain/strain and bilateral knee arthralgia. Treatment to date has included acupuncture, aquatic therapy, chiropractic treatment and medication. According to the progress report dated 5/13/2015, the injured worker had completed four of six treatments of vestibular rehab therapy. He found this was helpful in regards to his balance and gait. He complained of tinnitus. He also complained of right greater than left shoulder pain and left knee pain. He complained of low back pain. He was using Norco as needed for moderate to severe pain. He rated his pain as 2/10 with medication and 6/10 without medication. Physical exam revealed stiffness and tenderness over both shoulders with hyperpathia over the right shoulder particularly over the acromioclavicular region. There were positive impingement and positive cross arm signs. Exam of the cervical spine showed mild, bilateral cervical paraspinous tenderness with minimal spasms. Authorization was requested for twelve physical therapy visits for the cervical spine.

### 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, 12 visits: 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 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 of 2005. 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 Physical therapy for the cervical spine, 12 visits is not medically necessary and appropriate.