

<b>Case Number:</b>	CM15-0120726		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 40-year-old female, who sustained an industrial injury on 2/27/2009. She reported pain in her neck, along with numbness in her head and a burning and tingling sensation on her arms and fingers. Diagnoses have included cervical radiculopathy. Treatment to date has included physical therapy and medication. According to the progress report dated 5/28/2015, the injured worker complained of intermittent, aching pain in her head rated 6/10. She complained of constant, aching pain in her neck rated 5/10. She complained of pain in her left shoulder, which traveled to her fingers, along with episodes of numbness and tingling in her hands and fingers. She complained of continuous, aching pain in her left upper extremity, which radiated to her hand and fingers rated 6/10. She complained of constant, achy pain in the left side of her lower back. She also complained of difficulty sleeping, stress and anxiety. Exam of the cervical spine revealed tenderness to palpation and spasm of the paraspinal muscles. Sensation was reduced in the bilateral C7 dermatomal distribution and range of motion was restricted. Authorization was requested for physical therapy for the neck, three times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Neck, 3 times wkly for 4 wks, 12 sessions: 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 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 for neck three times per week times four weeks (12 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 exceed the guideline, exceptional factors should be noted. In this case, when the injured worker is working diagnosis is cervical radiculopathy. The date of injury is February 27, 2009. According to a progress note dated May 28, 2015 (request for authorization June 1, 2015) the injured worker received 12 sessions of physical therapy in the calendar year 2009, processes of physical therapy in the calendar year 2010 and 18 sessions of physical therapy in the calendar year 2013. The injured worker reports and exacerbation in 2010 accounting for the additional therapy. In 2013 additional diagnostic testing included electro diagnostic studies that were negative and magnetic resonance imaging scan of the cervical spine that was negative. There are no compelling clinical facts documented in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically indicated. There were no physical therapy progress notes documented in the medical record reflecting objective functional improvement. The injured worker should be well versed in the exercises performed during physical therapy (42 session's total) to engage in a home exercise program. Consequently, absent clinical documentation demonstrating objective functional improvement, and compelling clinical facts indicating additional physical therapy is warranted, physical therapy for neck three times per week times four weeks (12 sessions) is not medically necessary.