

<b>Case Number:</b>	CM15-0121097		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 female, who sustained an industrial injury on 8/16/11. She has reported initial complaints of right wrist pain and neck pain. The diagnoses have included cervical strain/sprain, cervical spine disc herniation, cervical radiculopathy and carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, injections, psychiatric, surgery, and physical therapy. Currently, as per the physician progress note dated 4/15/15, the injured worker continues with complaints of left side neck pain that radiates to the left shoulder with weakness in the left upper extremity. The physical exam reveals decreased cervical range of motion. The left shoulder reveals pain with motion and positive impingement sign on the left. The physician notes that the Magnetic Resonance Imaging (MRI) of the cervical; spine dated 12/20/13 reveals disc protrusion, disc bulging and neuroforaminal stenosis at multiple levels. There is no diagnostic reports noted and there is no previous therapy sessions noted. The physician requested treatment included Physical therapy three times four 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, three times four for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Submitted reports have no acute flare-up or specific physical limitations to support for physical/occupational therapy. 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. There are 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. It is unclear how many PT/OT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT/OT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical therapy, three times four for the cervical spine is not medically necessary or appropriate.