

<b>Case Number:</b>	CM15-0174025		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/27/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 27 year old female, who sustained an industrial injury on 5-27-2015. The medical records indicate that the injured worker is undergoing treatment for cervical sprain-strain, cervical myofascitis, cervical disc protrusion with bilateral nerve root compromise at C3-4, and rule out cervical radiculitis versus radiculopathy. According to the progress report dated 8-17-2015, the injured worker presented with complaints of constant, moderate burning neck pain with radiation into the right arm, associated with numbness. On a subjective pain scale, she rates her pain 7-8 out of 10. The physical examination of the cervical spine reveals tenderness to palpation with spasms over the paravertebral muscles, decreased and painful range of motion, positive cervical compression test, and decreased sensation globally in the right upper extremity. The current medications are not specified. Previous diagnostic studies include x-rays and MRI of the cervical spine. Treatments to date include 8 physical therapy visits. Work status is described as off work. The plan of care includes physical therapy, EMG/NCV of the bilateral upper extremities, and follow-up in 4-6 weeks. The original utilization review (8-21-2015) had non-certified a request for 18 physical therapy sessions to 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, 3x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic), Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy and Other Medical Treatment Guidelines Chou R, Huffman LH; American Pain Society; American College of Physicians. Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. *Ann Intern Med.* 2007 Oct 2;147(7):492-504.

**Decision rationale:** The claimant sustained a work injury in May 2015. Her injury occurred when she slipped and fell on a wet floor. She was seen one day after injury. Authorization requested for 18 sessions of physical therapy. When seen for follow-up, there had been completion of eight physical therapy treatments. Physical examination findings included a body mass index of 28. There was decreased right upper and lower extremity sensation. There was decreased and painful cervical spine range of motion with paravertebral tenderness and muscle spasms. There was pain with cervical compression and shoulder depression testing. There was decreased and painful right shoulder range of motion with tenderness and pain with supraspinatus press testing. There was lateral shoulder and trapezius muscle tenderness. There was decreased and painful right forearm range of motion with tenderness and muscle spasms. Reverse Mills testing caused pain. There was decreased and painful right hip range of motion with lateral tenderness and positive Fabere testing. Authorization for an additional 18 treatment sessions was requested. In terms of physical therapy for cervical radiculitis, guidelines recommend up to 12 treatment sessions over 12 weeks. In this case, the original request was inappropriate as the claimant has sustained the injury just one day before and guidelines suggest a delay for 2-4 weeks to allow for spontaneous recovery before considering a physical therapy referral. Regardless, the claimant has already had physical therapy. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program and does not reflect a fading of skilled therapy treatments. The current request is not considered medically necessary.