

<b>Case Number:</b>	CM15-0174192		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/11/2015
<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 57 year old female, who sustained an industrial injury on 12-21-2011. She has reported subsequent neck and bilateral upper extremity pain and was diagnosed with cervical herniated nucleus pulposus, cervical degenerative disc disease, right cervical radiculitis and left thumb osteoarthritis. MRI of the cervical spine dated 12-28-2011 showed degenerative disc disease at C4-C5 and C6-C7 and disc osteophyte complexes from C4-C7 contributing to moderate canal narrowing and severe bilateral foraminal narrowing at C5-C7. Treatment to date has included oral pain medication, cervical epidural injections, chiropractic therapy and physical therapy. Chiropractic therapy was noted to have significantly reduced pain and improved function and epidural injections were noted to have provided some pain relief. Documentation shows that the injured worker received 24 recent physical therapy visits starting on 04-24-2015. The physical therapy visit notes were submitted for review. The physician noted during the 06-23-2015 office visit that the injured worker reported 80% improvement of the cervical spine with physical therapy including relief of radicular symptoms and decreased numbness. The most recent physical therapy treatment note on 07-27-2015 prior to the request for authorization noted positive response to physical therapy with less stiffness but continued severe difficulty and pain in the bilateral upper extremities with driving. In a progress note dated 07-28-2015 the injured worker reported continued spasm and tightness with increased pain when driving and relief with physical therapy. Objective examination findings showed positive Spurling's sign, trapezius and rhomboid spasm, pain with range of motion and increased range of motion. The injured worker was noted to be off work. The physician noted that an extension of physical therapy would be

requested. A request for authorization of 12 physical therapy sessions for the cervical spine was submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve (12) physical therapy sessions for cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in December 2011 and is being treated for neck and radiating upper extremity pain and right thumb pain due to osteoarthritis. From 04/24/15 through 07/27/15 there were 13 physical therapy treatments. When seen, she was having continued spasms and tightness and increased pain when driving at night. Physical therapy was providing relief. Physical examination findings included pain with cervical range of motion with trapezius and rhomboid muscle spasms. There was positive Spurling's testing. Extension of physical therapy was requested. In this case, there is no new injury and claimant had completed more than the recommended number of treatments for her condition. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services is in excess of what might be needed to finalize the claimant's home exercise program and would not reflect a fading of treatment frequency. The request is not medically necessary.