

<b>Case Number:</b>	CM15-0024140		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	02/12/2010
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 44 year old female, who sustained an industrial injury on 02/12/2010. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, chiropractic treatments, electrodiagnostic testing, and cervical fusion. Currently, the injured worker complains of worsening neck pain with weakness in the upper extremities and occasional tingling in her feet. The diagnoses include left ulnocarpal abutment syndrome, left de Quervain's tenosynovitis, rule out carpal tunnel syndrome, and status post cervical fusion with persistent pain. The treatment plan consisted of 18 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x week x 6 weeks, cervical (18 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain and weakness in her neck and upper extremity. The patient is s/p C5-6 anterior cervical discectomy and fusion multiple years ago. The request is for 18 Sessions of Physical Therapy for the Cervical Spine. X-ray shows a small amount of decreased disc height at C4-5 level. NCV of the upper extremity from 11/2010 is negative for peripheral nerve entrapment, in particular carpal tunnel syndrome. MRI shows minor inflammation along the floor of the carpal tunnel. Work status is unknown. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater requested "physical therapy for working on range of motion and strengthening of the neck". Given the injury that dates back to 2010 it is likely that the patient has had some therapy, particularly with the neck fusion surgery. None of the reports provided, however, discuss a recent course of therapy and why the patient is unable to perform the necessary home exercises. There is no documentation of a new injury or a flare-up to warrant a course of formalized therapy. Furthermore, the requested 18 sessions of therapy exceed what is recommended by MTUS for non-post-operative physical therapy. The request is not medically necessary.