

<b>Case Number:</b>	CM15-0064790		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, 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 38 year old female, who sustained an industrial injury on 3/4/2011. The mechanism of injury is unknown. The injured worker was diagnosed as status post anterior cervical discectomy and fusion to cervical 4-6, status post laminectomy at cervical 5-6, status post right wrist arthroscopy, cervical disc protrusions with radiculitis, thoracic/lumbar and bilateral shoulder sprain/strain, right shoulder impingement and bursitis, status post right shoulder arthroscopy, bilateral wrist sprain/strain, insomnia and depression. There is no record of a recent diagnostic study. Treatment to date has included surgery, steroid injections, physical therapy and medication management. In a progress note dated 2/12/2015, the injured worker complains of pain in the upper/mid/lower back and bilateral shoulder with pain and numbness in the bilateral wrists. The treating physician is requesting 8 sessions of physical therapy and a cervical pillow for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 time 4 weeks for the neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.

**Cervical pillow for the neck:** 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), Neck Chapter, Cervical Pillow.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Neck Chapter, Pillow.

**Decision rationale:** Regarding the request for CERVICAL PILLOW, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, there is no documentation of adherence to a daily independent home exercise program. In the absence of such documentation, the currently requested CERVICAL PILLOW is not medically necessary.