

<b>Case Number:</b>	CM15-0066088		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 was a 61 year old female, who sustained an industrial injury, January 25, 2007. The injured worker received the following treatments in the past 24 physical therapy sessions, cervical spine x-rays, laboratory studies, lumbar spine MRI, lumbar surgery June 23, 2014, abdominal ultrasound, thoracic spine MRI, pelvis x-ray, chest CT scan, Nabumetone, Nexium, Sonata, Tramadol, Ativan, Flexeril, Lexapro, Lyrica, Acetaminophen with Codeine, Ibuprofen, Vicodin, cervical collar and home exercise program. The injured worker was diagnosed with cervical surgery January 6, 2015, status post cervical fusion C4-C5 and C5-C6, cervicgia, cervical myelopathy, myofascial, lumbar DDD (degenerative disc disease), right upper extremity peripheral neuropathy and fibromyalgia. According to progress note of March 20, 2015, the injured workers chief complaint was neck pain. The injured worker had completed the authorized physical therapy and stated it help very much. The physical exam noted a decreased range of notion of the cervical spine. The lumbar spine was positive straight leg raise on the left. There was tenderness noted at S1. According to the physical therapy note of March 19, 2015, the injured worker's pain level was 2 out of 10; 0 being no pain and 10 being the worse pain. The cervical flexion was 45 degrees. The cervical extension was 40 degrees lateral flexion was 35 degrees to the right and the left. The cervical rotation was 65 degrees to the right and 60 degrees to the left. The injured worker continued with pain in the shoulder blade and stiffness in the cervical muscles with weakness. The treatment plan included 6 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low - Lumbar & Thoracic (Acute & Chronic), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 98 and 99. Decision based on Non-MTUS Citation ODG, Neck and Shoulder Chapters, 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.