

<b>Case Number:</b>	CM15-0076071		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/31/2015
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 female of unknown age, who sustained an industrial injury on 1/31/2015. The current diagnosis is herniated cervical disc. According to the progress report dated 3/18/2015, the injured worker complains of persistent pain and numbness in the right upper extremity. The current medication list was not available for review. Treatment to date has included physical therapy. The plan of care includes 12 physical therapy sessions to the neck and right arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the neck and right arm, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173-175; 263-266.

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

**Decision rationale:** The patient continues to complain of right upper extremity pain with associated numbness. There are also complaints of neck pain. The Request for Authorization is dated 03/31/15. The current request is for Physical Therapy 2x6 for the neck and right arm. The patient is TTD. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient has a date of injury of 01/31/15. As of 03/31/15, the patient has completed 16 physical therapy sessions thus far. There are no physical therapy reports provided for review and the objective response to therapy was not documented in the medical reports. In this case, there is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.