

<b>Case Number:</b>	CM15-0099025		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 66 year old female who sustained a work related injury June 5, 2012. Past history included right carpal release October, 2012, right wrist surgery, January 2011. According to a treating physician's progress report, dated April 23, 2015, the injured worker presented with pain along her neck and lower back. She reports the pain is shooting down her legs from her tailbone. She has also been having flare-ups of colitis with nausea but no vomiting. Diagnoses are cervical disc degeneration; brachial neuritis or radiculitis not otherwise specified; carpal tunnel syndrome; osteoarthritis of hand not otherwise specified. At issue, is the request for authorization for 12 physical therapy treatments to the cervical and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy treatments to the cervical and thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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

**Decision rationale:** The patient presents with neck and low back pain. The request is for 12 Physical Therapy Treatments to the cervical and thoracic spine. The request for authorization is dated 02/27/2015. The patient is status-post right carpal tunnel release, 10/17/12. Physical examination of the cervical spine reveals range of motion is restricted. Tenderness to palpation of the paravertebral muscles, trapezial and along T8. Additionally, she has been having flare ups of her colitis. In addition to pain, she also complains of nausea, anxiety and myalgias but no vomiting, numbness, tingling and weakness. Patient's medication includes Melatonin. Per progress report dated 04/23/15, the patient is permanent and stationary. MTUS Chronic Pain Management Guidelines, pages 98 and 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 and 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." Provider does not discuss the request. Physical therapy treatment history or reports is not provided. In this case, given the patient's condition, a short course of physical therapy would be indicated. However, the provider does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions of physical therapy would exceed what is recommended by MTUS for non-post-op conditions. Therefore, the request is not medically necessary.