

<b>Case Number:</b>	CM14-0143554		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45 year old female whose date of injury is 06/10/2010. The mechanism of injury is described as cumulative trauma. Treatment to date includes physical therapy, cervical epidural steroid injection on 08/09/11 and medication management. An MRI of the cervical spine dated 02/04/14 revealed C5-6 disc osteophyte formation, slight retrolisthesis and uncinat joint degenerative joint disease. The injured worker underwent cervical epidural steroid injection on 04/01/14. A note dated 05/14/14 indicates that she reports 50% pain reduction since the epidural steroid injection. Diagnoses are cervical facet syndrome, cervical radiculopathy, mood disorder, and thoracic pain. The injured worker was authorized for 4 sessions of physical therapy on 08/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional sessions of physical therapy, including deep tissue massage, for the neck and bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** The injured worker has been authorized for at least 10 physical therapy visits to date. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker's objective functional response to most recently completed physical therapy is not documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, the request is not medically necessary.

**Bursa injection to the right trochanter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, Trochanteric bursitis injections

**Decision rationale:** There is no indication that the injured worker has received any conservative treatment to this area. The injured worker's physical examination documents only tenderness to the region. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.