

<b>Case Number:</b>	CM14-0149536		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 61-year-old female who has submitted a claim for Cervicobrachial syndrome (diffuse) associated with an industrial injury date of December 8, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of pain on the back, shoulders, left hand and left wrist. Examination revealed moderate tenderness in the paracervical musculature bilaterally, trapezius, interscapular area and bicipital groove as well as limited cervical and shoulder ROM. Treatment to date has included medications, home exercises, subacromial injection, aquatic therapy, cognitive behavioral psychotherapy, H-wave, ice, hot/cold pack, home health aide services and topical creams. Utilization review from September 5, 2014 denied the request for Physical therapy for cervicobrachial syndrome QTY 8 because the patient had already 16 physical therapy visits and exceed the number of visits approved for cervicobrachial syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for cervicobrachial syndrome QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 48, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back- Acute & Chronic (updated 08/04/14), ODG Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Therapy

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is recommended for pain and decreased function. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. According to the ODG, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales for mechanical disorders for the neck. The recommended number of visits is 10 over 8 weeks. In this case, the patient already had 16 physical therapy visits. Improvements from prior visits are not well documented. It is also not clear why the patient has not yet transitioned to home exercises as mentioned by the guidelines despite exceeding the number recommended by the guidelines. There was no rationale provided to justify deviance from the guidelines. Therefore, the request for Physical therapy for cervicobrachial syndrome QTY 8 is not medically necessary.