

<b>Case Number:</b>	CM14-0002721		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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. 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 is a 52 year old female, who sustained an industrial injury on 8-24-2011. The injured worker was diagnosed as having cervical disc displacement without myelopathy. Treatment to date has included diagnostics, left shoulder surgery on 9-20-2013, physical therapy, and medications. On 11-04-2013, the injured worker complained of worsening neck pain, rated 7 out of 10, bilateral shoulder pain, rated 7 out of 10, worsening low back pain, rated 7 out of 10, and right knee pain, rated 7 out of 10. She reported flare of neck and back pain secondary to left shoulder surgery-rehabilitation. She reported increased radicular symptoms in the upper and lower extremities and reported that pain was alleviated by medications and physical therapy. She reported improvement in her left shoulder evidenced by increased range of motion, strength, and activities of daily living. She reported that she already started physical therapy (3x2) and already had 6 sessions of physical therapy. Current medications included Tramadol, Flexeril, Glucosamine, and topical creams. On 12-02-2013, head pain was rated as 6 of 10, neck pain was rated 8 of 10, and bilateral shoulder pain was rated 8-9 out of 10. It was documented that 15 sessions of physical therapy were completed to this point. The treatment plan included physical therapy for the cervical spine, 2x6. Progress notes from previous physical therapy sessions were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY VISITS FOR CERVICAL SPINE, 2 TIMES A WEEK FOR 6 WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <https://www.acoempracguides.org/> cervical and thoracic spine; table 2, summary of recommendations, cervical and thoracic spine disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course 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 documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the 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. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. Additionally, if those other treatment sessions did not address the cervical spine, the currently requested 12 visits exceeded the 6-visit trial supported by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.