

<b>Case Number:</b>	CM13-0014708		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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 49-year-old female who reported injury on 08/03/2012. The patient was noted to have pain in the neck, left shoulder, and left upper extremity associated with reflex sympathetic dystrophy in the left upper extremity. The mechanism of injury was not provided. The patient's diagnosis was reflex sympathetic dystrophy. The request was made for 16 additional physical therapy sessions for the neck twice for 8 weeks as an outpatient between 06/27/2013 and 08/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for the neck, 16 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling ,and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are

beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. Clinical documentation submitted for review indicated that the patient had ongoing pain in the neck, left shoulder, and left upper extremity associated with reflex sympathetic dystrophy in the left upper extremity. It was noted that the patient continued to complain of pain in the neck with decreased range of motion in the left shoulder and some progress regaining full range of motion in the left hand. It was noted the patient was making good progress in physical therapy. Physical examination revealed the patient had decreased mobility of the neck with 70 degrees of rotation to the right but 20 to the left, the patient had 45 degrees of lateral bend to the right and 40 degrees of lateral bend to the left. The patient was noted to have 45 degrees of extension and 25 degrees of forward flexion. The patient was noted to have tenderness in the left sternocleidomastoid and it was noted it appeared to be in spasm. The pain was noted to be aggravated by cervical traction but not affected by cervical compression. The patient was noted to have 160 degrees of elevation of the left shoulder compared to the right. The patient was noted to have some mild impingement signs in both shoulders. The patient was noted to have good range of motion of the elbow, forearm, and wrist. The patient was noted to have improved finger flexion except for the index and the middle finger which lacked about 2 cm from the tips of the fingers to the mid palmar crease. Sensation and circulation were noted to be intact. It was noted the patient would need additional physical therapy for the neck, left shoulder, and left upper extremity and should have 3 days a week for 6 weeks alternation between her neck, shoulder, and left upper extremity. However, documentation submitted for review failed to provide the number of sessions the patient had previously participated in and the objective functional benefit that was achieved. It failed to indicate remaining objective functional deficits to support ongoing treatment and failed to provide the rationale for 16 sessions of physical therapy.