

<b>Case Number:</b>	CM13-0019315		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Orthopedic Surgery 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:

This is a 41-year-old female injured in a work related accident 03/28/12. Recent follow up clinical records in this case indicate ongoing complaints of neck and shoulder pain. The claimant is noted to be status post a left cubital tunnel release with left wrist flexor tenosynovectomy 06/20/13. A progress report of 07/31/13 indicates continued complaints of pain about the shoulder with no improvement with subacromial injection as well as continued complaints of pain about the neck. Examination showed restricted range of motion with positive impingement with no documented cervical findings. Clinical records for review were not indicative of cervical or shoulder imaging. There was presently a request for ongoing use of physical therapy for the cervical spine and left upper extremity given the claimant's ongoing clinical complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PHYSICAL THERAPY VISITS TO TREAT THE CERVICAL SPINE AND LEFT UPPER EXTREMITY:** Upheld

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

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

**Decision rationale:** MTUS Guidelines would not indicate the acute need of physical therapy in this case. First of all, the claimant's cervical evaluation demonstrates no pertinent exam findings to indicate the acute need for therapy for the cervical spine. This is coupled with recent treatment for the shoulder that has included physical therapy and recent previous steroid injection. It would be unclear at this stage in the claimant's clinical course as to why advancement to an aggressive home exercise program would not occur or would not be more appropriate given timeframe from injury.