

<b>Case Number:</b>	CM13-0020414		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 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 43 year old female who reported an injury on 12/18/2012. The mechanism of injury was reported that a student struck and pushed to patient in the face and pushed the patient to the ground twisting her neck and shoulder. The patient was diagnosed with right shoulder sprain/contusion. The patient resumed her normal activities but continued to complain of pain with pushing, lifting, and reaching with the right arm. The physical examination of the cervical spine revealed tenderness along the paraspinal, trapezius and levator scapulae muscles. There was also diffused tenderness to the shoulder subacromial space and decreased range of motion. The patient was treated with physical therapy, pain medication and muscle relaxant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114.

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

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain to the neck, upper back, shoulder blade region and right shoulder with radiating pain into the right arm and occasional tingling in

the hand. The patient had previous physical therapy. CA 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 and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. However, there was no clinical documentation submitted indicating functional improvement from the previous physical therapy sessions. Also, there is no objective documentation showing continued functional deficits. Given the lack of documentation to support guideline criteria, the request is non-certified.