

<b>Case Number:</b>	CM13-0023820		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Family Practice 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 52 year old injured worker who reported an injury on 03/30/2012. The mechanism of injury information was not provided in the medical record. The patient diagnoses included acute cervical strain, left shoulder strain, and status post left trigger finger release with the middle finger. Medication regimen included Lodine 400mg 1-3 tablets daily and Motrin 800mg 1 tablet every 8 hours with food. Review of the medical record reported the patient had ongoing complaints of neck and cervical spine pain. The patient has received prior physical therapy which helped resolve some of the patient's pain and discomfort. EMG/NCV dated 05/07/2013 revealed normal findings. Clinical note dated 09/20/2013 reported the patient completed physical therapy with little benefit. The patient was encouraged to continue home exercise program for their neck and shoulders. The most recent physical documentation revealed limited range of motion to cervical spine, tenderness to palpation of the trapezius and paravertebral muscles bilaterally, and shoulder decompression test was positive. The patient can return to work on modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six physical therapy sessions for the cervical spine, two times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 173-174.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states 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. The patient has received multiple physical therapy sessions, and as reported in the clinical note the patient made little progress. The patient continued to have complaints of neck and shoulder pain as well. There is no documented benefit from the therapy already received; therefore, the medical necessity for additional physical therapy has not been proven. In addition, California MTUS recommends a total of 10 visits of physical therapy, that which the patient has already exceeded without benefit. The request for 6 physical therapy sessions for the cervical spine, two times a week for 3 weeks is not medically necessary and appropriate.