

<b>Case Number:</b>	CM13-0024853		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/15/2005
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	08/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2013

### 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 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 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 claimant is a 72-year-old female who was injured in a work-related accident on March 15, 2005. An assessment dated July 3, 2013 by [REDACTED] documented subjective complaints of pain and stiffness with spasm about the neck. The formal diagnoses at that time were cervical discopathy with degenerative disc disease, bilateral carpal tunnel syndrome, and bilateral shoulder rotator cuff tendinosis. Physical examination showed tenderness of the shoulders with pain over the trapezius with range of motion being full. The lumbar examination demonstrated mild spasm with tenderness over the right sacroiliac joint, and cervical examination showed mildly restricted range of motion with muscle spasm. The treatment plan at that time was for a continued course of physical therapy for the cervical and thoracic spine twice a week for six weeks, as well as continuation of Restoril, Flexeril, and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy twice a week for four weeks for the cervical/thoracic spine: 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:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, eight sessions of physical therapy for the cervical and thoracic spine would not be indicated. There is nothing in the records provided for review indicating acute symptomatic flare or inflammatory process that would support the need for further physical therapy at this stage in the claimant's clinical course of care nearly nine years after the injury. Physical examination while demonstrating tenderness also demonstrates full function of the neck and the shoulder. It would be unclear as to why transition to an aggressive home exercise program could not occur in this case. The request is noncertified.