

<b>Case Number:</b>	CM13-0035743		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/30/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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, has a subspecialty in Fellowship trained in Reconstructive Surgery and is licensed to practice in Illinois, Texas and West Virginia. 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 55-year-old female who reported a work-related injury on 04/30/2011, as a result of a fall. Most recent clinical note submitted for this review is dated 02/04/2013. The provider documents the patient presents for treatment of the following diagnoses, cervical disc bulge, right shoulder supraspinatus tear and right elbow/hand sprain/strain. The provider documented the patient reports continued cervical spine pain, right shoulder pain, right elbow pain, right hand pain, and right upper extremity pain with numbness, tingling and weakness. The provider documented upon physical exam of the patient, myospasms/palpable tenderness at the cervicothoracic/right shoulder. The provider documented the patient reported decreased sensation to the right upper extremity anteriorly and laterally. The provider is requesting an orthopedic evaluation for the patient's right shoulder, cervical spine. Additionally, the provider is recommending continued chiropractic treatment/work conditioning 2 times a week times 4 weeks as well as pain management treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for neck and right shoulder; 2x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The clinical notes document the patient continues to present with cervical spine and right upper extremity pain complaints the patient a work-related fall with injury sustained in 04/2011. The clinical notes document the patient has recently been utilizing chiropractic treatment/work conditioning; however, documentation of duration, frequency of treatment and efficacy of treatment were not evidenced in the clinical notes reviewed. The provider is currently requesting continued physical therapy for the neck and right shoulder 2x4. However, California MTUS indicates allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given the lack of documentation again evidencing efficacy, duration and frequency of previous supervised therapeutic intervention, the request for physical therapy for neck and right shoulder; 2x4 is not medically necessary or appropriate.