

<b>Case Number:</b>	CM13-0035766		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/26/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/01/2013
<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 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 61 year old female who reported an injury on 08/26/2012. The patient has history of post anterior cervical fusion and posterior laminectomy and fusion of unknown levels in 2006. The clinic note dated 10/09/2013 reports a complaint of a continuation of pain in the right retroscapular region radiating down the right extremity with a positive Tinel's sign. The note indicates there are no alleviating factors. In addition, a needle electromyography of the right upper extreme demonstrated mild-moderate chronic denervation in muscles innervated by the right C5, C6, and C7 nerve roots. Also, the patient has decreased sensation over the right median nerve distribution and decreased reflexes to the bilateral upper extremities, patellar/ Achilles reflexes, and down going toes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine physiotherapy right shoulder and low back 1x6:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend 8-10 visits over 4 weeks of physical medicine for neuralgia, neuritis, and radiculitis. The documentation submitted did not provide evidence of functional limitations of the shoulder and low back to warrant the need for physiotherapy. As such, the request is non-certified.