

<b>Case Number:</b>	CM13-0042123		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 injured worker is a 35-year-old female who reported an injury on 11/16/2012 due to a fall. The injured worker reportedly sustained an injury to his neck, bilateral shoulders, and bilateral knees. The injured worker's treatment history has included physical therapy, chiropractic care, and medications. The injured worker was evaluated on 08/21/2013. Physical findings included tenderness and spasming in the paravertebral musculature of the cervical spine with decreased range of motion and a positive impingement sign of the bilateral shoulders. The injured worker also had a positive ganglion's test to the left hip with decreased range of motion. It was also noted that the injured worker had left-sided wrist pain and weakness with difficulty gripping. The injured worker's diagnoses included cervical radiculopathy, cervical sprain/strain, shoulder impingement, elbow tendinitis/bursitis, and knee tendinitis/bursitis. It was documented that a request was being made for an MRI of the left hip and left wrist to further evaluate these body parts as pain generators. A request was also made for neuro diagnostic studies of the bilateral upper and lower extremities and authorization of an additional 12 sessions of physical therapy as the previously approved 12 additional sessions had expired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3XWK X4WKS NECK AND BILATERAL UPPER EXTREMITIES:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has participated in chiropractic care and physiotherapy previously. The MTUS Chronic Pain Guidelines recommend that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not indicate that the injured worker is currently participating in a home exercise program. Therefore, a short course of treatment would be appropriate for this injured worker. However, the requested 2 times a week for 4 weeks for a total of 12 visits would be considered excessive. As such, the requested physical therapy 3 times a week for 4 weeks for the neck and bilateral upper extremities is not medically necessary or appropriate.