

<b>Case Number:</b>	CM13-0043208		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/11/2003
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 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 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 62-year-old female who reported an injury on 03/26/2004. The patient's current diagnoses are not listed. The patient was seen by [REDACTED] on 11/01/2013. The patient reported increasing neck pain rated 5/10. The patient also reported 8/10 shoulder pain with decreased sensation and weakness. Physical examination revealed decreased cervical range of motion, weakness, positive straight leg raising, positive Patrick's testing, spasm in the cervical spine, tenderness to palpation, and hypertonicity. Future care recommendations included chiropractic adjustments once per week for 8 weeks as well as physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state 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. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. While it is acknowledged that manipulation is a passive treatment, chiropractors also perform active treatments which are addressed through education and exercise. The patient has previously participated in therapeutic exercise with chiropractic manipulation. Despite ongoing treatment, the patient continues to report persistent pain. The patient has been instructed in a home exercise program according to the medical records provided for review. Physical examination on the requesting date only revealed slightly decreased cervical range of motion with tenderness to palpation and spasm. The medical necessity for ongoing physical medicine treatment has not been established. Therefore, the request is not medically necessary and appropriate.