

<b>Case Number:</b>	CM13-0043844		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. 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 Texas. 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 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. 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 a work-related injury on 07/15/2010, status post a C3-T2 anterior cervical discectomy and fusion as of 10/11/2012. The most recent clinical note submitted for this review dated 08/07/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient presents stable, and requires the following medications: Lidoderm patch, Norco, and Valium. The patient continues with significant complaints of mid thoracic pain, which radiates around the chest in the area below her breast. The provider documents AP and lateral cervical spine x-rays demonstrate nice alignment of the patient's cervical spine and placement of her instrumentation. The provider documented the patient reports continued significant discomfort; however, is slowly improving. The provider documents the patient is concerned about mid-thoracic pain, which the provider feels is thoracic radiculopathy. The provider documents the patient underwent a previous MRI scan of the thoracic spine, and he would review the imaging study for further treatment suggestions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a weeks for 6 weeks on left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The current request is not supported. Official Disability Guidelines indicate imaging of the thoracic spine is supported with evidence of neurologic deficit. The most recent clinical note dated 08/07/2013 reports the provider documented the patient had normal strength to the bilateral upper and lower extremities, with mild to moderate pain upon palpation in the midline of the mid-thoracic. In addition, the provider documented the patient had undergone previous MRI of the thoracic spine; however, on submission of this official imaging study, it was not submitted for review. Given that the clinical notes lack any documentation of any motor, neurological, or sensory deficits upon exam of the patient, the request for physical therapy 3 times a week for 6 weeks on left shoulder is not medically necessary or appropriate.