

<b>Case Number:</b>	CM13-0043913		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/18/2013
<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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 was injured on April 4, 2011. The patient continued to experience pain in her neck and left shoulder. Physical examination was notable for decreased range of motion in her left shoulder. Diagnoses included cervical disc protrusion, left rotator cuff tear, and left supraspinatus tear. Treatment included medications, 24 chiropractic therapy treatments, and 12 physical therapy treatments. Documentation states that the physical therapy did not provide relief or increase the patient's function. Request for authorization for physical therapy for the cervical spine twice weekly for 3 weeks was submitted on August 26, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 physical therapy for the cervical spine, 2 x 3 weeks as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of

treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the patient was no longer in the early phase of treatment. Furthermore the patient had already received 12 physical therapy treatments and had not obtained any benefit. The request for more physical therapy is not recommended.