

<b>Case Number:</b>	CM13-0044460		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Interventional Spine 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 56-year-old male with date of injury on 05/10/2012. The progress report dated 09/18/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Cervical spine musculoligamentous injury, (2) Right shoulder musculoligamentous injury, status post surgery, (3) Diabetes mellitus, (4) Hypertension, (5) Stress, (6) Anxiety, (7) Insomnia. The patient continues to present with complaints of intermittent pain in the neck and right shoulder. It was reported that the patient had undergone physical therapy previously which helped reduced his pain. At this point, he was on home physical therapy. Physical exam findings of the cervical spine revealed tenderness to palpation over the spinous processes. There is decreased range of motion of the cervical spine. Examination of the right shoulder revealed joint stiffness associated with tenderness to palpation. There was decreased range of motion particularly with extension and abduction. The patient was referred for additional physical therapy for the neck and right shoulder 2 times a week for 4 weeks. Utilization review letter dated 10/01/2013 issued non-certification of the physical therapy request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine and right shoulder:** 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:** The patient continues with neck pain and right shoulder pain with limited range of motion and tenderness. The treating physician indicated that the patient had previous physical therapy which was helpful and was now on a home exercise program. The utilization review letter dated 10/01/2013 indicated that the patient attended 44 sessions of physical therapy postoperatively after his shoulder surgery in 2012. The patient then underwent a work hardening program. The new patient evaluation on 08/21/2013 indicated that the patient had previously undergone 3 months of physical therapy prior to right shoulder surgery in 2012. No physical therapy notes were available for review. MTUS Guidelines page 98 and 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. Nine to 10 visits of physical therapy is recommended for myalgia and myositis unspecified. The patient has undergone extensive courses of physical therapy and was noted to be utilizing a home exercise program. It is unclear whether or not the patient is unable to continue his home exercise program. The request for additional physical therapy this time does not appear to be reasonable. Therefore, recommendation is for denial.