

<b>Case Number:</b>	CM13-0046358		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 57-year-old who reported an injury on 07/12/2007 due to cumulative trauma. The patient reportedly sustained injury to multiple body parts to include bilateral feet, cervical spine, lumbar spine, and bilateral shoulders. The patient's treatment history included cervical traction, physical therapy, medications, and orthotics. The patient's most recent clinical examination noted tenderness over the paravertebral musculature of the cervical spine and spinous process in the C5, C6, and C7 dermatomes with restricted range of motion of the bilateral shoulders and tenderness to palpation to the heels of the bilateral feet. The patient's diagnoses included cervical facet syndrome, depression, and rotator cuff tear. The patient's treatment plan included physical therapy for the cervical spine with a cervical traction device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice per week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient has previously received physical therapy for the shoulders. However, the documentation does not provide any evidence that the patient has had physical therapy directed to the cervical spine. California Medical Treatment Utilization Schedule does recommend physical therapy up to 10 visits for this type of injury. Additionally, Official Disability Guidelines recommend a 6 visit clinical trial to establish efficacy of this treatment modality. The requested 2 times a week for 6 weeks exceeds both of these recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for physical therapy, twice per week for six weeks, is not medically necessary or appropriate.