

<b>Case Number:</b>	CM13-0051306		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and 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 55-year-old injured worker with date of injury on 10/01/2010. The progress report dated 10/03/2013 by [REDACTED] indicates that the patient's diagnoses include: partial-thickness tear, left supraspinatus tendon, left shoulder impingement syndrome, left shoulder ac cartilage disorder, left shoulder subacromial/subdeltoid bursitis, left bicipital tendonitis, status post cervical spine fusion with discectomy. The patient continues to present with cervical spine pain at a 5/10 and left shoulder pain at an 8/10. Exam findings indicated decreased range of motion of the cervical spine. Left shoulder has positive Neer's impingement test, positive 90-degree crossover impingement test, positive Apley's, positive Hawkin's, and extremely weak abduction against resistance. A request was made for 12 sessions of physical therapy. The utilization review letter dated 10/24/2013 indicates the patient had cervical spine fusion in February of 2011. No previous physical therapy visits were noted. Utilization review had modified the request from 12 down to 8 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for six weeks for cervical spine and left shoulder:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding physical medicine, recommends 9 to 10 visits over 8 weeks of physical therapy for diagnoses such as myalgia and myositis, unspecified. Based on the medical records provided for review the patient continues with neck pain and left shoulder pain with restricted range of motion and weakness. The records indicate the patient is status post cervical fusion from February of 2011. It is unclear from the records how many sessions of physical therapy the patient has had and when the last session was. The modification made by utilization review is reasonable as the 12 requested physical therapy visits exceeds the recommended amount by MTUS Guidelines. The request for physical therapy two times a week for six weeks, for the cervical spine and left shoulder is not medically necessary and appropriate.