

<b>Case Number:</b>	CM13-0052102		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert 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 42-year-old female who reported an injury on 05/18/2009. The mechanism of injury was noted to be repetitive trauma to her left shoulder and neck. She is diagnosed with cervical radiculopathy. Her symptoms are noted to include neck, shoulder, and upper back pain. Her previous treatments were noted to include medication, acupuncture, chiropractic treatment, and 24 previous physical therapy visits as of her 07/31/2013 visit. A progress report dated 10/01/2013 indicated that the patient was treated with 4 additional physical therapy visits from 07/31/2013 through 08/15/2013 and she was noted to have symptomatic relief and functional improvement with those visits. Her treating physician indicated that the patient had increased symptoms due to having to cover for a coworker and sit at a different workstation forcing her to flex and extend her neck for prolonged periods. As such, a request for 8 additional physical therapy visits was being recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO THE NECK AND SHOULDER, EIGHT SESSIONS:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, physical therapy in the treatment of unspecified myalgia and myositis is recommended at 9-10 visits over 8 weeks. The clinical information submitted for review indicated that the patient had previously been treated with 4 physical therapy visits and had reported symptomatic relief and increased function. However, the clinical notes submitted for review indicated that prior to the reported 4 visits from 07/31/2013 through 08/15/2013 the patient had completed 24 physical therapy visits. In addition, physical therapy notes provided for review were dated 08/20/2013 and 08/22/2013, indicating that the patient had completed 6 sessions in her most recent course of physical therapy. However, objective findings from her initial physical therapy evaluation and her 6th visit were not provided in order to establish measurable objective functional gains made with physical therapy. Furthermore, as the patient was shown to have had at least 30 previous physical therapy visits, it is unclear why the patient's home exercise program taught during her therapy courses would be insufficient in addressing her current range of motion deficits. Therefore, as the patient has far exceeded the recommended number of physical therapy sessions and there is a lack of evidence of measurable objective functional gains to warrant continued therapy and exceptional factors to warrant visits beyond the recommendation, the request is non-certified.