

<b>Case Number:</b>	CM13-0054069		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/29/2013
<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 Physical Medicine and Rehabilitation 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 53-year-old female who reported an injury on 08/15/2011. The patient reportedly injured her neck and shoulders while pulling a rack of sodas. The patient is currently diagnosed with neck sprain and strain, brachial neuritis or radiculitis, occipital neuralgia, thoracic sprain and strain, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis, shoulder strain, shoulder impingement syndrome, adhesive capsulitis of the shoulder, and insomnia. A request for authorization form was submitted on 10/17/2013 by [REDACTED], for a physical therapy evaluation and treatment for the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders twice per week for 6 weeks. However, there was no physician progress report with a physical examination provided on the requesting date of 10/17/2013. The only physician progress report submitted for this review is an initial comprehensive [REDACTED] pain management consultation submitted on 08/16/2012 by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits two times a week times six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously undergone physical therapy as well as chiropractic manipulation and acupuncture. The patient only reported minimal relief with physical therapy. Documentation of the previous course of physical therapy with total treatment duration and treatment efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, there was no physician progress report submitted on the requesting date of 10/17/2013. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.