

<b>Case Number:</b>	CM13-0059059		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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:

This is a 45 year-old female who was injured on 1/25/13. According to the 10/22/13 report by [REDACTED], the patient presents with 7/10 neck pain that radiates down the left shoulder and into the left arm. She attends PT on Mondays and Wednesdays and feels it allows her to accomplish things during the day, but the lag time between Wednesday and the next session on Monday, undoes any gains found on Wednesday. She has been diagnosed with cervical disc protrusions C3/4,C4/5 and C6/7 and possible left brachial plexitis. [REDACTED] requested to increase the frequency of PT to 3x4, and UR denied this on 10/29/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for twelve (12) concurrent additional physical therapy visits for the left shoulder and the cervical spine:** 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 Section Page(s): 98-99.

**Decision rationale:** The patient presents with neck and left upper extremity pain. She has been attending physical therapy 2x/week but reports no lasting benefits. The physician requests increasing frequency and duration of PT 3x4. The MTUS guidelines allows 8-10 sessions of PT for various myalgias and neuralgias, but also states there should be fading treatment frequency from 3 visits per week down to 1 or less. The current request will exceed the MTUS recommendations, and does not represent a fading treatment frequency. The request is not in accordance with MTUS guidelines.