

<b>Case Number:</b>	CM13-0063165		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 34 year old female who reported an injury on 03/07/2013. The injury was noted to have occurred when the patient had to work at a different workstation and began to feel pain in her neck and left shoulder. Her diagnoses included cervical radiculopathy, pain in limb, and shoulder tendinitis/bursitis. The patient was noted to have previously completed 6 sessions of physical therapy following her injury and it was noted that it did provide alleviation of her pain. Her most recent note provided was dated 11/25/2013 and reveals that the patient was 27 weeks pregnant and reported difficulty with her activities of daily living. Her objective findings were noted to include spasm, tenderness, and guarding to the paravertebral muscles of the lumbar spine with decreased range of motion, as well as a positive impingement sign over the shoulder with decreased range of motion. Recommendation was made for 12 sessions of physical therapy and 12 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the neck:** 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:** According to the California MTUS Guidelines, physical medicine is recommended at 9 to 10 visits over 8 weeks in the treatment of unspecified myalgia and myositis. The patient was noted to have previously completed 6 sessions of physical therapy with reported pain relief. However, specific details regarding the patient's physical therapy were not provided, including whether she obtained measurable objective functional gains with the treatment. In the absence of evidence of objective functional gains made with previous therapy, continued physical therapy is not supported. Additionally, her physical examination findings provided indicated she had decreased range of motion; however, measurable objective values were not provided to verify this statement. Furthermore, the request for 12 physical therapy visits in addition to her previous 6 sessions would far exceed the guidelines recommendation of a total of 9 to 10 visits of physical therapy. For these reasons, the requested service is non-certified.