

<b>Case Number:</b>	CM13-0064960		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 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 44-year-old female who reported an injury on 01/04/2011. The mechanism of injury occurred when the patient was carrying and stocking boxes weighing 20 to 30 pounds and was diagnosed with right shoulder and cardiothoracic strain. MRI of the right shoulder on 04/04/2012 revealed no full-thickness rotator cuff tear or significant partial thickness tear. Cervical MRI dated 11/19/2012 revealed no prominent disc bulge, central canal stenosis, or neural foraminal stenosis. The patient has received physical therapy, anti-inflammatory medications, narcotic analgesics, and Topamax for treatment of neuropathic pain secondary to a cervical strain. The patient has received at least 26 sessions of prior physical therapy. MRI of the cervical spine dated 12/02/2013 revealed negative for significant stenosis or focal disc protrusion; no significant change since the examination date of 11/19/2012. There were minimal midline disc protrusions present at C3-4 and C5-6 levels. The right foramen at C5-6 was notable for presence of the right vertebral artery partially within the foramen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT X 18, Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Neck and Upper Back.

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

**Decision rationale:** Per California MTUS Guidelines, it is stated for the patient's diagnosis, the recommended number of physical therapy sessions would be 9 to 10 visits over 8 weeks. The requested service is for 18 physical therapy sessions, which exceeds that which recommended by California MTUS physical guidelines. The patient has received prior physical therapy sessions, and there is no documentation in the medical record of any significant benefit from prior physical therapy sessions. As such, the medical necessity for further physical therapy of the cervical spine cannot be determined at this time and the request for physical therapy x18 to the cervical spine is non-certified.