

<b>Case Number:</b>	CM14-0003241		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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, 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 injured worker is a 45 year old male who reported an injury on 08/23/2013 secondary to a motor vehicle accident. The diagnoses included cervicodorsal muscle sprain, right shoulder impingement syndrome, bilateral shoulder and lumbar spine sprain/strain and lower extremity radiculopathy. The injured worker was evaluated on 11/25/2013. The exam noted slight tenderness to cervical region, diffused tenderness over the right acromioclavicular joint area and the left shoulder diffusely. The cervical spine flexion was noted to be 50 degrees with 60 degrees of extension. The lumbar spine flexion was noted to be 60 degrees with 30 degrees of extension. The right shoulder range of motion was 120 degrees abduction, 160 degrees flexion and 60 degrees internal and external rotation. A positive Hawkins and Neer's sign of the right shoulder was also noted. The treatment plan included physical therapy and imaging studies. The request for authorization was not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) OF 12 (3X4) ADDITIONAL SESSIONS OF CERVICAL SPINE, RIGHT SHOULDER AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 2009, PHYSICAL MEDICINE, 98-99

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98-99

**Decision rationale:** The request for physical therapy (PT) of 12 (3x4) additional sessions of cervical spine, right shoulder and lumbar spine is non-certified. The California MTUS Guidelines indicate that therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The guidelines recommend a total of 9 to 10 visits over 8 weeks. There is a lack of evidence of efficacy of prior therapy. The exam noted a lack of expectation of success with more therapy. Furthermore, the request is for a total of 12 visits which exceeds the recommended number of visits. There is a lack of functional deficits in the cervical and lumbar spine to warrant therapy at this time. Therefore, the request is non-certified.