

<b>Case Number:</b>	CM14-0007368		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational Medicine 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 58 year old male who was injured on 01/17/2013, who complains of progressive left neck and shoulder pain beginning in 2009 with overhead looking while operating a lift truck at work. He has a new assignment requiring increased overhead looking and staking of pallets overhead with the truck and has noted a flare-up. Prior treatment history has included physical therapy in which on 02/08/2013 recheck the patient states were helpful and he felt comfortable doing the home program. He had 23 sessions of physical therapy since 05/07/2013, which brought only temporary relief. He started another round of physical therapy on 11/22/2013 and after 3 sessions his pain remained the same. Reports reviewed were a recheck dated 06/19/2013 stating that he reported he needs more PT for the left shoulder and neck. Recheck on 11/05/2013 stating that he returns for a flare-up after changing departments and is having worsening pain in the left neck beginning this last Thursday. Work Comp Recheck Progress note dated 12/04/2013 reports physical exam as showing cervical range of motion flexion 40/45 degrees, extension 30/55 degrees, rotation 60/70 degrees right and 65/70 left. There is positive tenderness in the left trapezius with spasm. There is a positive Spurling. Shoulder abduction 170/180 degrees on the left. Negative impingement sign. Muscle strength 5/5 bilaterally equal at the biceps, triceps and hand grasp. Assessment: Sprain of neck Recommendation: PT 2-3 x a week for 2 weeks with: 6 visit finish. Continue Flexeril 10 mg hs and Naprosyn 500 mg. Physical therapy progress note dated 12/11/2013 documented the patient continues to complain of afternoon and evening left periscapular pain reduced mildly with compliance to HEP and icing. Treatment: Manual therapy and modalities. Assessment: 12/11: Continues to demonstrate reduced C/S AROM in all directions. Improved AROM to above levels with manual interventions and prone traction techniques. 11/25: Reviewed HEP and postural strategies to reduce symptom irritability. Plan: Continue skilled physical therapy to progress program as tolerated. UR report dated 12/20/2013

denied the request for Urgent Additional Physical Therapy to the Neck 2x3 because the claimant had 5-6 prior sessions of PT and should be progressed to an independent HEP, however, AP is willing to modify the request to 3 sessions including 1-2 sessions for HEP.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **URGENT: ADDITIONAL PHYSICAL THERAPY TO THE NECK 2X3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-177.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends physical therapy "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." Patients are expected to continue active therapies at home as an extension of the treatment in order to maintain improvement levels. The medical records report the patient has had a total of 23 sessions of physical therapy since 05/07/2013, which the patient reported in the 01/07/2014 QME re-evaluation brought only temporary relief. There is lack of documentation to show that the patient has had any lasting functional benefit or pain reduction from the prior physical therapy sessions. The patient should be able to transfer to a home exercise program at this point. Based on the guidelines and lack of documented improvement, the request for additional physical therapy is not medically necessary.