

<b>Case Number:</b>	CM14-0101356		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of May 20, 2014. She was seen by her primary treating physician on April 28, 2014 as she was unable to work, continued to have significant complaints and was making 'no progress'. Her physical exam showed 'restricted cervical and shoulder motion'. Her diagnoses were myofascial cervical complaints, internal derangement left shoulder status post arthroscopic surgery, carpal tunnel left and wrist wrist status post release. A cervical spine MRI was requested which showed degenerative changes at C5-6 and C6-7 with mild to moderate canal stenosis. She is status post 17 physical therapy visits post operatively after left shoulder surgery in 10/13. She had an additional 8 therapy visits for her bilateral upper extremities and neck which were recently completed in 5/14. The physical therapy note of May 16, 2014 notes severe impairment and pain with active cervical right and left motion, flexion, extension. Exercises, stretching, TENS (transcutaneous electrical nerve stimulation) and hot/cold packs were administered during the session. At issue in this review is the request for additional physical therapy twice a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the neck, two times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter, Physical Therapy.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used for months as a modality and a self-directed home exercise program should be in place. It does not appear that physical therapy is positively impacting her pain, range of motion or function per the May 14 therapy notes. The records do not support the medical necessity for physical therapy visits in this individual with chronic neck pain. Therefore, the request for physical therapy for the neck, two times a week for six weeks, is not medically necessary or appropriate.