

<b>Case Number:</b>	CM14-0102915		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/11/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 63 year old female who sustained injuries to her neck, left shoulder and low back on 01/11/14 while performing her usual and customary duties as a caregiver. The mechanism of injury was a slip and a fall incident on a wet floor. The injured worker landed on her left side hitting the back of her head on the bathtub after bathing her patient. No loss of consciousness was reported. An immediate onset of pain with associated headache and dizziness reported. The injured worker had a hard time getting up and sat on the floor for at least 15 minutes before getting up. She continued to work with pain but was eventually sent to a provider on 01/14/14. The doctor examined her with x-rays, prescribed physical therapy and medications. The magnetic resonance image (MRI) of the left shoulder dated 05/30/14 revealed partial rotator cuff tear/fraying; joint effusion. The MRI of the lumbar spine revealed 4mm central disc protrusion at L5-S1; no impingement. The MRI of the cervical spine revealed disc protrusion at C3-4, C5-6. The injured worker was certified for six physical therapy visits beginning 02/19/14. Physical examination noted tenderness to palpation of the lumbar spine; full cervical range of motion with complaints of pain; decreased motor strength of the shoulder abductors, biceps, wrist extensors, triceps, and hand intrinsic. The injured worker was recommended additional physical therapy to address remaining functional deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 6Wks Neck and Left Shoulder, Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

**Decision rationale:** The injured worker had tenderness to palpation and range of motion limitations in cervical spine and left upper extremity. There was no documentation that the injured worker previously participated in physical therapy for those body parts and no exceptional factors noted to support extending treatment beyond guideline recommendations. In addition, there was no mention of a surgical intervention performed. The Official Disability Guidelines (ODG) recommends up to nine visits over eight weeks for the diagnosed injuries with allowing for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. There was no indication that injured worker was actively participating in a home exercise program. Given this, the request for physical therapy 2 x a week x 6 weeks for the neck, left shoulder and lumbar spine is not medically necessary.