

<b>Case Number:</b>	CM14-0106593		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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, and is licensed to practice in Nevada. 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 36-year-old female who was reportedly injured on 3/17/2011. The mechanism of injury was noted as an industrial injury. The most recent progress note dated 5/6/2014, indicated that there were ongoing complaints of neck, low back and right shoulder pains. The physical examination demonstrated cervical spine positive paravertebral muscle spasm, positive axial loading compression test, extension of symptomatology in the upper extremities. Generalized weakness and numbness have been noted with positive cervicgia. There was positive Palmer compression test. Reproducible symptomatology in the median nerve distribution with a positive Tinel's sign. Right shoulder had tenderness in the anterior glenohumeral region and subacromial spaces. Lumbar spine had positive pain and tenderness in the mid to distal lumbar segments. Range of motion was guarded and restricted. Seated nerve root test was positive. Decreased sensation in the lower extremities. Diagnostic imaging studies included x-rays of the cervical spine, which revealed some mild spondylosis. Lumbar spine x-rays within normal limits. X-ray of the right shoulder within normal limits. Previous treatment included physical therapy, acupuncture, medications and modified duty. A request was made for physical therapy 2 x a week x 6 weeks #12 and was not certified in the pre-authorization process on 6/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x per Week x 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages Page(s): 98-99 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The injured worker has multiple chronic complaints and review of the available medical records failed to demonstrate an improvement in pain or function. The injured worker underwent previous acupuncture and physical therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary. Also noted, the treating physician requested 12 visits, which exceeded guideline recommendations. Therefore, the request is not medically necessary.