

<b>Case Number:</b>	CM14-0107507		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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 injured worker is a 62-year-old-male who sustained injury on 01/05/13. Mechanism of injury unknown. The patient has persistent pain of the neck that radiates to the upper extremities with numbness and tingling as well as chronic headache. He also has low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Physical exam of cervical spine reveals tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. The cervical range of motion is painful and restricted. Dysesthesia noted at the C5 and C7 dermatomes. Bilateral shoulder exam remains unchanged. There is tenderness at the shoulder anteriorly with positive impingement sign. There is pain with terminal motion. Cervical ROM (right/left): Forward flexion 40 degrees; extension 46 degrees; Right lateral side bending 38 degrees; left lateral side bending 36 degrees; right lateral rotation 58 degrees and left lateral rotation 62 degrees. There is tenderness to palpation in the paracervical region with muscle guarding. Exam of shoulder ROM (right/left): Flexion 140/150 degrees; extension 40/40 degrees; adduction 30/30 degrees; abduction 134/142 degrees; internal rotation 68/72 degrees; external rotation 74/82 degrees. There is crepitation of the right shoulder. There is decreased ROM of the right shoulder on all planes of motion except extension and adduction which are normal. There is decreased ROM of the left shoulder in abduction, internal rotation and external rotation. Medications are: Atenolol, Famotidine, Hydrocodone, baby Aspirin, Prinivil, Ambien, Cardura, Flonase, Flexeril, Naproxen and Crestor. Diagnoses: Electrodiagnostic evidence of left ulnar neuropathy at the wrist; cervical/lumbar discopathy; carpal tunnel/double crush syndrome; rule out internal derangement bilateral shoulders; and plantar fasciitis. PT progress note on 03/24/14: patient has had physical therapy 2x/4. Report dated 04/02/14, the patient has received several sessions of physical therapy modalities and is currently receiving physical therapy

modalities at this time which he finds to be helpful. Plan: The patient is still awaiting for his cervical and lumbar epidural steroid injection. He can continue a course of physical therapy, 2 times per week for 4 weeks as he is still making progress with this type of treatment. UR determination for continued physical therapy; 8 sessions 2 times a week for 4 weeks, cervical spine and bilateral shoulders: Non certified.

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

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

**Continued physical therapy; 8 sessions 2 times a week for 4 weeks, cervical spine and bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

**Decision rationale:** As per CA MTUS guidelines, physical medicine is 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. ODG guidelines recommends 9 visits over 8 weeks for intervertebral disc disorders without myelopathy and allow 10 PT visits over 8 weeks for shoulder impingement syndrome. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. In this case, the injured worker has already been approved for 8 physical therapy visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is not medically necessary or appropriate.