

<b>Case Number:</b>	CM14-0017148		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 06/20/2012 due to repetitive trauma while performing normal job duties. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 01/15/2014. It was documented that the injured worker had previously completed 9 visits of physical therapy with 40% overall improvement. Physical findings included tenderness to palpation of the cervical spinal musculature with restricted range of motion secondary to pain and tenderness to palpation over the trapezius musculature bilaterally with restricted range of motion of the bilateral shoulders secondary to pain with a mild impingement sign on the right. Examination of the right hand and wrist documented diffuse tenderness bilaterally with a positive Tinel's sign on the right. The injured worker's diagnoses included cervical spine sprain/strain, bilateral shoulder strain with impingement, and mild right carpal tunnel syndrome. The injured worker's treatment plan included activity modifications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines.

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

**Decision rationale:** The requested physical therapy 2 times a week for 4 weeks for the cervical spine and bilateral shoulders is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has participated in a course of physical therapy with only 40% functional benefit. The clinical documentation does indicate that the injured worker has current limitations that would benefit from active therapy. However, the California Medical Treatment Utilization Schedule recommends that injured Workers' be transitioned into a home exercise program to maintain improvements obtained during supervised skilled therapy. The clinical documentation submitted for review does not indicate that the injured worker is participating in any independent home exercise program. Additionally, as the injured worker only received 40% functional improvement from previous therapy, significant benefit from the prior therapy is not established. The California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits of physical therapy for this type of injury. There are no extenuating circumstances to support extending treatment beyond guideline recommendations. As such, the requested continued physical therapy 2 times a week for 4 weeks for the cervical spine and bilateral shoulders is not medically necessary or appropriate.