

<b>Case Number:</b>	CM14-0112415		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 08/04/2011 caused by an unspecified mechanism. The injured worker's treatment history included nerve conduction studies, x-rays, injections, and physical therapy. The injured worker was evaluated on 05/28/2014. It was documented the injured worker complained of neck, left shoulder, bilateral wrist pain with intermittent left sided neck pain and throbbing that radiated to the back of her head and down the left trapezius/upper back and shoulder. The injured worker complained of decreased strength in her left arm and bilateral wrist pain. Physical examination of the cervical spine revealed tenderness at left trapezius, and the left shoulder had slight tenderness. The injured worker had a physical therapy initial examination done on 06/25/2014, the injured worker complained of constant pain in her neck, which had been becoming worse since last year. She stated her neck pain was primarily located on the left side and radiated down to the lower upper extremity. Cervical active range of motion revealed backwards bending 75%, right rotation 75% left rotation 80%, right side bending 75%, and left side bending 80%. On 07/10/2014, the injured worker complained of constant pain rated at 9/10 in her neck located on the left side of the neck and radiated into the upper trapezius. There was no change since the last visit. Treatment included therapeutic exercises and hot and cold packs. It was documented the injured worker tolerated treatment well. Diagnoses included cervical myofascial sprain/strain, cervicgia, wrist arthralgia, and joint pain shoulder. The Request for Authorization dated 06/07/2014 was for physical therapy x 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12 visits:** 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): 98-99.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has received physical therapy. However, outcome measures were not submitted for review. The provider failed to indicate long term functional goals. The request submitted exceeds the recommended amount of visits per the guidelines. The injured worker was seen by physical therapy with a start date of 06/25/2014 to approximately 07/10/2014 with no functional improvement noted from physical therapy. Furthermore, the provider failed to indicate on the request as submitted body location physical therapy is required for the injured worker. As such, the request for physical therapy x 12 visits is not medically necessary.