

<b>Case Number:</b>	CM14-0118200		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/31/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 records, presented for review, indicate that this 50 year old female was reportedly injured on December 31, 2003. The mechanism of injury is undisclosed. The most recent progress note, dated June 18, 2014, is hand written and difficult to read. It indicated that there were ongoing complaints of right shoulder pain and cervical spine pain. The physical examination demonstrated tenderness at the subacromial joint and rotator cuff and decreased right shoulder range of motion. Diagnostic imaging studies were not reviewed at this visit. Previous treatment included a right shoulder surgery for a subacromial decompression and labral repair. A request was made for physical therapy for the cervical spine two times a week for three weeks and was deemed not medically necessary in the preauthorization process on June 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Outpatient physical therapy for the cervical spine, 2x3 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends one to two visits of physical therapy for education, counseling, and evaluation of a home exercise program. It is unclear from the attached medical record, due to their hand written nature, what the injured employee's cervical spine complaints and physical examination findings are. Additionally, it is almost certain that the injured employee has previously participated in physical therapy in the past decade since the stated date of injury. For these reasons, this request for outpatient physical therapy for the cervical spine twice a week for three weeks is not medically necessary.