

<b>Case Number:</b>	CM14-0129070		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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, has a subspecialty Interventional Spine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 38-year-old female with a date of injury of 11/07/2013. The listed diagnoses per [REDACTED] are: 1. Thoracic area of back strain. 2. Neck strain. 3. Shoulder strain. According to progress report 07/16/2014, the patient continues with left upper back and neck pain. The patient reports feeling a little better with 13 sessions of physical therapy. The patient has continued off and on heaviness sensation in the upper back area. She thinks that more physical therapy would be helpful. Objective findings revealed pain with palpation over the right upper trapezius and lower cervical paraspinal musculature. The provider is requesting additional 6 sessions. Utilization review denied the request on 7/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 3 weeks, cervical spine, thoracic spine and left shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), updated 07/03/14

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines recommends for myalgia and myositis Page(s): 98and99.

**Decision rationale:** This patient continues with left upper back and neck pain. The provider is requesting 6 additional physical therapy sessions. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient received 13 physical therapy sessions between 05/08/2014 and 07/10/2014. Physical therapy progress report from 06/10/2014 noted improvement in range of motion and resolution of pain with active movements of the neck. There was also improvement in spasm in the left levator scapulae. In this case, the patient has participated in 13 physical therapy sessions with noted improvement, but the provider does not discuss why this patient will not be able to now transition into a self-directed home exercise program. Furthermore, the treater's request for additional 6 sessions with the 13 already received exceeds what is recommended by MTUS. Such as, Physical therapy 2 x weeks x 3 weeks, cervical spine, thoracic spine and left shoulder is not medically necessary.