

<b>Case Number:</b>	CM14-0152670		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/16/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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 34-year-old female who sustained an injury on 11/16/13. As per 8/4/14 hand written report, she presented with left shoulder pain and neck pain that radiated into the left upper extremity. Left hand and thumb pain had improved. On exam, there was tenderness to palpation over the left trapezius and left paracervical area, along the medial border of the left scapula with painful and limited range of motion. Some of the handwritten subjective and objective clinical findings were illegible. EMG studies dated 4/1/14 revealed electrodiagnostic evidence of chronic left C5-6 radiculopathy without acute denervation. MRI of cervical spine dated 5/9/14 revealed very mild left neural foraminal stenosis at C4-C5, minimal bilateral foraminal stenosis at C5-C6, and mild bulging at the posterior annulus at C5-C6 and C6-C7. She is currently on Norco. She received a steroid injection in the multiple trigger points of the left trapezius and left scapula thoracic region on 6/2/14 and reported 50% improvement and a second injection was being planned. He had 6 approved physical therapy visits but no functional benefit was documented in the available reports. Diagnoses include musculoligamentous sprain and strain of the cervical spine and left shoulder with scapula thoracic involvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 3Wks Cervical Spine, Left Scapulathoracic: 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 Neck & Upper Back, Shoulder

**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) Neck - 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 recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, and up to 10 PT visits for shoulder impingement syndrome. In this case, the injured worker has received physical therapy in the past. 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. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional requested 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 considered not medically necessary or appropriate in accordance with the guidelines.