

<b>Case Number:</b>	CM14-0178010		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 47 year old female with a date of injury of 04/07/2014. She was picking up rolls of cables weighing 40 pounds and there was a repetitive injury. She had a neck strain/sprain, thoracic sprain/strain and bilateral shoulder pain/strain/sprain. She was examined on the day of injury and treated with NSAIDS, muscle relaxants, modified work lifting a maximum of 5 pounds and physical therapy (6 visits ordered on the day of injury and were certified). He had a physical therapy evaluation on 04/15/2014 with the second PT visit on 04/21/2014. Her neck was better because she switched to a different job. On 04/29/2014 she had her 5th PT visit. PT goals were noted but there was no physical assessment (measurement of range of motion or strength). On 05/02/2014 she had her 6th PT visit. Again there was no measurement of range of motion or strength. On 05/05/2014 the neck and shoulder range of motion was normal. Upper extremity strength was normal. There was also a rhomboid muscle strain. There was mild trap pain with range of motion. On 05/12/2014 and on 05/16/2014 she had her 7th PT visit and 8th PT visit. There were no measurements of strength or range of motion. On 07/07/2014 8 acupuncture treatments were approved. On 08/14/2014 she had cervical range of motion limitation with radiation of neck pain to both shoulders. She had limited thoracic spine range of motion. Shoulder range of motion was normal. On 08/20/2014 a thoracic MRI revealed 1 mm to 2 mm disc bulges; there was no stenosis. The same day a cervical spine MRI revealed a C5-C6 2 mm disc bulge with narrowing of the neural foraminal area. On 10/02/2014 there was tenderness to palpation of the cervical spine. Cervical flexion was 30 degrees. Left shoulder range of motion was normal and there was no localized tenderness. Rotator strength was normal. There was no right shoulder tenderness. She has had 24 authorized physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks visits neck and bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 99 Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The ODG of neck and upper back provides a maximum of 10 visits over 8 weeks for cervical sprain/strain and shoulder sprain. The patient has already been authorized for 24 physical therapy visits which already exceeded the maximum allowed under MTUS, ACOEM and ODG. By this point she should have been transitioned to a home exercise program. Continued additional 12 PT visits is not consistent with MTUS and ODG guidelines. The request is not medically necessary.