

<b>Case Number:</b>	CM14-0022184		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/08/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 underlying date of injury in this case is 10/08/2009. The primary diagnoses are cervical radiculopathy and left shoulder impingement syndrome. On 11/12/2013, the primary treating physician submitted a progress report. At that time, the patient reported low back pain radiating to the right lower extremity and also neck pain with numbness and tingling in the 4th and 5th digits of the left upper extremity. The patient had completed physical therapy and was attending acupuncture with one treatment left. On exam, the cervical paraspinals were tender to palpation with spasm and limited motion. Positive impingement signs were noted at the left shoulder with decreased range of motion and tenderness to palpation. The lumbar spine was tender to palpation with spasm and limited motion. The treating physician recommended refilling the patient's medication and recommended acupuncture and return to the clinic. A request for authorization of 01/14/2014 requests physical therapy 2 times a week for 4 weeks with the diagnoses of a cervical herniated disc, lumbar sprain, and shoulder sprain. A Progress Report dated 01/13/2014 is handwritten and only marginally legible. That document reports the diagnoses of herniated disc, cervicolumbar sprain, and shoulder sprain. The report appears to outline tenderness to palpation in these areas although it is difficult to interpret. That form indicates a plan for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT NECK AND LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines section on physical medicine recommends allow for fading of treatment frequency plus active self-directed home physical medicine. These treatment guidelines anticipate that this patient would have transitioned to an independent home rehabilitation program. The medical records requesting additional physical therapy are not detailed and/or are only marginally legible. These records do not provide a rationale as to why this patient requires additional supervised therapy rather than continued independent home rehabilitation. The request for physical therapy (PT) neck and left shoulder is not medically necessary.