

<b>Case Number:</b>	CM14-0025146		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/03/2007
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 injured worker is a 56-year-old female who reported injury on 06/03/2007. The mechanism of injury was the injured worker was opening a glass door of a large refrigerator to get a beer for a customer when the door fell out of the frame and landed against the injured worker's right shoulder and her head, causing immediate pain and altered consciousness. The prior treatments included 12 sessions of physical therapy and 20 hours of a Functional Restoration Program. The documentation of 01/30/2014 revealed the injured worker had numbness in the fingers and spasms. The injured worker had difficulty sleeping due to pain. The physical examination revealed decreased range of motion in the cervical spine and shoulders. The muscle strength test was 4+/5 at the left elbow, 4/5 in the right elbow at flexion, left elbow extension 3/5 and right elbow extension 3/5. The left wrist extension was 5/5 and right wrist extension was 4+/5. The left grip strength was 4+/5 and right was 4+/5. The injured worker had paresthesias to light touch in the lateral right arm and 5th finger. The diagnoses included sprains and strains of the neck, cervical radiculopathy, shoulder impingement and bicipital tenosynovitis. The treatment plan included physical therapy follow-up sessions 2 times a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(6) ADDITIONAL PHYSICAL THERAPY VISITS FOR NECK AND RIGHT SHOULDER, (2) TIMES PER WEEK FOR (3) WEEKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker previous had undergone physical therapy. The injured worker had undergone a Functional Restoration Program. There was a lack of documentation indicating objective functional deficits to support the necessity for continued therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for 6 additional physical therapy visits for neck and right shoulder, 2 times per week for 3 weeks is not medically necessary.