

<b>Case Number:</b>	CM14-0027803		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 30 year old female whose date of injury is 06/21/2012. On this date she was helping a client up when the client slipped and they both fell to the ground. The progress report dated 02/10/14 indicates that she complains of ongoing neck pain, right shoulder pain, right elbow pain and low back pain. Assessment notes right shoulder impingement, right L5 and S1 radiculitis, mild disc bulging C4-6, right shoulder acromioclavicular joint (AC) joint arthritis, facet arthropathy L4-S1, cervical radiculopathy, and status post subacromial decompression and distal clavicle resection of right shoulder on 07/02/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSIOTHERAPY CERVICAL 2X4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, pages 58-60 Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for physiotherapy cervical 2 x 4 is not recommended as medically necessary. It is unclear how many sessions of physiotherapy have been completed for the cervical spine. There is no current, detailed physical

examination submitted for review and no specific, time-limited treatment goals are provided. Chronic Pain Medical Treatment Guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The request is not medically necessary.