

<b>Case Number:</b>	CM14-0032575		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 63 year old female who sustained injury to her neck on 09/17/13. Mechanism of injury was not documented. The injured worker continued to complain of cervical spine pain 7-8/10 visual analog scale (VAS). She stated that she had severe pain radiating from the cervical spine down the bilateral lower extremities down into the hands/wrists and central low back pain with spasms with all active movement of the lumbar spine. Physical examination noted cervical spine decreased range of motion with spasm and tenderness to palpation; sensation intact throughout; motor strength 5/5 throughout; deep tendon reflexes 2+ and equal. The injured worker was diagnosed with cervical strain/sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of physical therapy (3x6): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

**Decision rationale:** The request for 18 sessions of physical therapy (3x6) is not medically necessary given the clinical documentation submitted for review. Records indicate that the patient completed at least two visits of physical therapy for the cervical spine to date. There was no mention that a surgical intervention has been performed or is anticipated. Previous request was denied on the basis that the report dated 02/20/14 did not document functional improvement with prior physical therapy nor does it document abnormal objective findings establishing the need for physical therapy rather than rehabilitation in a fully independent home exercise program. Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The request for magnetic resonance imaging (MRI) of the right shoulder is not medically necessary. There were no focal neurological deficits on physical examination. Physical examination did not reveal any decreased motor strength, increased reflex, or sensory deficits. There was no indication that a surgical intervention was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms that would. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant red flags identified. Given this, medical necessity of the request for MRI of the right shoulder is not indicated as medically necessary.