

<b>Case Number:</b>	CM14-0033389		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/09/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of October 9, 2002. A utilization review determination dated February 28, 2014 recommends noncertification for physical therapy for the neck and right shoulder. A letter dated February 19, 2014 indicates that the patient has tapered off all her medications over a month ago. She continues to have pain behind her shoulder blade which radiates to her head and causes headaches. "We requested physical therapy to help with the headaches and myofascial pain which was denied on the basis that she has already had 24 sessions of physical therapy for this claim. She was approved for physical therapy in February 2012, but only went to approximately 4 sessions, since at that time she did not find it helpful. She had some PT postoperatively last year, for about 8-12 sessions. Therefore, she is only had a total of 12-16 sessions." Physical examination reveals mild loss of range of motion in the cervical spine, tenderness is much improved. Tenderness is noted that the paracervical muscles, rhomboids, and trapezius. Muscle strength is normal, sensory examination is normal, and deep tendon reflexes are normal. Diagnoses include cervical post laminectomy syndrome, and unspecified myalgia, myositis. The current treatment plan recommends physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) physical therapy visits for neck and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 200.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 10 Physical Therapy visits for the treatment of cervical post laminectomy syndrome and sprained shoulder. Within the documentation available for review, it appears that the patient has undergone 12-16 PT sessions thus far. There is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for eight (8) physical therapy visits for neck and right shoulder is not medically necessary and appropriate.