

<b>Case Number:</b>	CM14-0034250		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/29/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Nevada. 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 52 year-old female who was reportedly injured on 7/29/2012 the mechanism of injury is noted as a work related injury when she deflected a box falling towards her face. The most recent progress note dated 2/5/2014 indicates that there are ongoing complaints of neck pain, right upper extremity and shoulder pain. The physical examination demonstrated tenderness to palpation right trapezius, positive hypertonicity, positive right axial head compression test. Diagnostic imaging studies were referenced in the note on 2/5/2014 to include magnetic resonance image of the cervical spine, right shoulder and x-rays of cervical spine but no official radiological report was available for review. Previous treatment includes consult to pain management physical therapy, epidural steroid injection cervical spine, ibuprofen and Tylenol. A request had been made for additional physical therapy 3x4 to the cervical spine and was not certified in the pre-authorization process on 3/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3x4 to the Cervical Spine:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 OF 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommends a maximum of 10 visits. The injured worker has multiple chronic complaints and, per a review of the available medical records, fails to demonstrate an improvement in pain or function from previous physical therapy sessions. The injured worker underwent physical therapy and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.