

<b>Case Number:</b>	CM14-0040549		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 56-year-old female who was reportedly injured on February 19, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 10, 2014, indicated that there were ongoing complaints of neck pain, low back pain, and left shoulder pain. The physical examination demonstrated tenderness over the posterior aspect of the left shoulder rotator cuff and decreased left shoulder range of motion. Examination of the lumbar spine noted tenderness of the paravertebral muscles at the L4-L5 region. There were a positive bilateral straight leg raise and a normal lower extremity neurological examination. Diagnostic imaging studies objectified diffuse cervical spine disc protrusions and a C6-C7 disc extrusion indenting the spinal cord. Current treatment consisted of Cartivisc, Flexeril, and Gabapentin. A request had been made for physical therapy for the lumbar spine, cervical spine, and left shoulder and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week for 4 weeks for the Lumbar Spine, Cervical Spine and Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 58-59.

**Decision rationale:** The injured employee's date of injury was over five years ago and has participated in extensive physical therapy during that time. The medical record does not state the exact amount of physical therapy the injured employee has attended or the efficacy of these sessions. Nonetheless, the injured employee should be very familiar with what is expected of physical therapy for the neck, back, and shoulder and should be able to do this on her own at home with a home exercise program. This request for physical therapy two times a week for four weeks for the lumbar spine, cervical spine, and left shoulder is not medically necessary.

**Follow up appointment with MD for medication:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** It is medically reasonable for the injured employee to continue routine followups with the physician for medication refills. This request for a followup with the physician for medication is medically necessary and appropriate.