

<b>Case Number:</b>	CM14-0044826		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/23/2007
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 58-year-old patient with a 10/23/07 date of injury. A progress report dated on 6/11/14 indicated that the patient continued to have chronic neck and back pain, with additional left shoulder pain and radicular symptoms of her left upper extremity. She noted some separate symptoms of numbness and tingling in the ulnar distribution of her left upper extremity, distal to the elbow. Objective findings revealed slight to moderate positive impingement signs in the left shoulder. Supraspinatus motor testing was positive in the left. There was some tenderness in the left lateral epicondyle. Lumbar spine physical exam demonstrated tenderness throughout the lumbar spine and overlying the right S1 joint region. She was diagnosed with Chronic cervicalgia, chronic back pain, post traumatic thoracic and lumbar strain, and left cubital tunnel syndrome. Treatment to date includes medication management and physical therapy. Physical therapy report dated 3/3/14 indicated that her condition did not change compared to the report from 1/15/14 in regards to range of motion, and that pain increased from 4-5/10 to 6-8/10. There was noted increased stability in trunk with stabilization exercises. There is documentation of a previous 4/11/14 determination, with recommendation for certification based on the fact that the patient had functional improvement following the first 6 PT sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, once a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

**Decision rationale:** MTUS Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines state that treatment should allow for fading of frequency. The patient presented with the pain in her chronic neck and back pain, with additional left shoulder pain and radicular symptoms of her left upper extremity. It was noted that the patient had 6 PT sessions and has been approved for an additional 6 PT sessions. However, there was a progress report dated on 3/3/14 indicating that her pain had increased from 4-5/10 to 6-8/10. In addition, it was not clear for which part of the body the patient needed physical therapy sessions. As such, the request is not medically necessary.