

<b>Case Number:</b>	CM14-0061278		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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:

The patient is a 33-year-old with an injury date on May 5, 2013. Patient complains of constant, mild to moderate neck pain and intermittent moderate left shoulder/arm pain. Patient had some therapy which has improved range of motion and pain but number of sessions were not specified in April 15, 2014 report. According to the February 18, 2014 report, the only therapy patient is receiving seems to be chiropractic therapy. Exam on April 15, 2014 showed painful/limited cervical and left shoulder range of motion (C-spine range of motion shows continued improvement in rotation from 30 to 45 degrees). Tenderness to palpation and pain in cervical paraspinals, and left shoulder girdle, shoulder depressor and on left side. Apprehension test and left shoulder with pain. [REDACTED] is requesting physical therapy left shoulder and cervical. The utilization review determination being challenged is dated April 22, 2014 and rejects request as prior improvement and number of sessions of physical therapy are unknown. [REDACTED] is the requesting provider, and he provided treatment reports from July 9, 2013 to April 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left shoulder/cervical:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012: Cervical Spine and Shoulder Sections: PT.

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

**Decision rationale:** This patient presents with neck pain and left shoulder/arm pain. The treater has asked for physical therapy left shoulder cervical on April 15, 2014, and the requesting progress report of the same date clarifies: eight physical therapy visits, one per week for eight weeks. Review of the report shows patient has had no prior physical therapy. The Chronic Pain Medical Treatment Guidelines allows for eight to ten sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had no recent physical therapy sessions, and the treater has asked for eight sessions of physical therapy. This request appears reasonable and within Chronic Pain Medical Treatment Guidelines for the patient's functional deficits and continued chronic neck/shoulder pain. The request for physical therapy for the left shoulder/cervical is medically necessary and appropriate.