

<b>Case Number:</b>	CM14-0085378		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Interventional Spine 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 44 year old with an injury date on 10/17/13. Patient complains of left cervical pain and left shoulder pain. Medications decrease pain by 50% but pain is still 5/10 with medication and 10/10 without medications per 5/19/14 report. Based on the 3/28/14 progress report provided, the diagnoses are: 1. cervical pain / cervicgia 2. shoulder region dis nec3. encounter long-RX use neck. Exam on 3/28/14 showed "decreased range of motion in flexion, lateral bending but full extension of L-spine." Provider is requesting physical therapy 3 times a week times 4 weeks to lumbar. The utilization review determination being challenged is dated 5/8/14 report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week times 4 weeks to lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

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

**Decision rationale:** This patient presents with left neck pain, and left shoulder pain. The treater has asked for physical therapy 3 times a week times 4 weeks to lumbar. Patient was authorized for a course of 6 sessions of physical therapy between 10/17/13 and 11/7/13. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has completed 6 sessions of physical therapy without mention of benefit. Considering patient has already completed 6 sessions, the requested additional 12 sessions of physical therapy would exceed MTUS guidelines. The patient should be able to transition into a home exercise program. The requested physical therapy 3 times a week times 4 weeks to lumbar is not medically necessary.