

<b>Case Number:</b>	CM14-0088290		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Family 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:

Patient had a date of injury of June 14, 2010. Patient complained of severe pain, stiffness and weakness in the hands, wrists (left greater than the right), arms and neck due to repeated trauma due to her occupation. Patient has a medical history of having these symptoms prior to this date. Patient underwent imaging and was placed back to work with temporary partial disability sometime in 2011. She underwent therapy and acupuncture sessions. On June 26, 2010 according to the treating physician notes it states there was a normal electromyography of the cervical spine and upper extremities. An MRI dated August 17, 2010 showed no significant disc bulge at C2-C6 bilateral facet arthropathy producing various degrees of neural foraminal narrowing at C2-3, C3-4, C4-5 and C5-6. At C6-7 there was a 2.2mm disc protrusion that abutted the thecal sac. On December 2, 2010 the orthopedic treating physician diagnosed the injured patient with a cervical spine sprain/strain with spondylosis, a left shoulder impingement syndrome and bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the cervical spine and left shoulder, twice weekly for four weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 48;203.

**Decision rationale:** According to medical records there was no objective improvement documented from extensive physical therapy as well no documentation as the reason to why patient is not able to continue rehabilitation on a home exercise program. According to guidelines the value of physical therapy increases when there is a clear communication with the physician and therapist to monitor variables such as motivation and compliance. Furthermore according to the guidelines it states comfort options include Instruction for in home exercise with only a few visits to the physical therapist to educate the patient about an effective exercise program. Again in this case there is extensive physical therapy with no documented continuing home exercise program. Therefore, the request for physical therapy to the cervical spine and left shoulder, twice weekly for four weeks, is not medically necessary or appropriate.