

<b>Case Number:</b>	CM14-0098456		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Alabama, New York and Maryland. 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 54 year old female who was injured on 05/03/2013. The mechanism of injury is unknown. Prior treatment history included physical therapy and home exercise program. Progress note dated 05/21/2014 documented the patient to have complaints of constant pain which increases with head movement. She rated her pain as an 8/10. She reported constant pain in the bilateral shoulders and is worse upon waking. Objective findings on exam revealed the cervical spine with loss of lordosis. She has anterior rotator cuff of both shoulders. The right shoulder revealed 180/170/60/60/30/20; all with clicking. The left shoulder revealed 180/180/60/80/80/20. Diagnoses are cervical spine pain, lumbar spine pain; and bilateral shoulder pain. Physical therapy note dated 05/30/2014 states the patient's symptoms are unchanged. She rates her pain as 9/10. The cervical spine revealed range of motion exhibited flexion of 71% and extension of 60%; rotation to 80% bilaterally. Straight leg raise on the right to 70 degrees and on the left 35 degrees. She was recommended for physical therapy 3 times a week for 4 weeks. A prior utilization review dated 06/05/2014 states the request for Physical Therapy 3 x 4 Weeks - Neck, Low Back, and Bilateral Shoulders is modified to 3 visits for neck, low back, bilateral shoulders and transition to a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 4 Weeks - Neck, Low Back, Bilateral Shoulders: 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 medicine Page(s): 98-99.

**Decision rationale:** The CPMT recommends the use of active physical therapy to assist the patient to complete a specific exercise or task. This form of therapy may require supervision from a therapist or provider. The patient is expected to continue these active therapy sessions at home. The medical records document that the patient continues to have constant pain in the neck, low back and bilateral shoulders. Further, the documents show no previous efforts to complete therapy with improvement. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary and should be modified to 3 visits and continuation at home.