

<b>Case Number:</b>	CM14-0010691		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/30/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48-year-old female reported a work-related injury on 05/30/2011. According to the progress notes from the treating provider dated 5/20/14, the injured worker (IW) reports right shoulder and neck pain and right shoulder numbness. Diagnoses include cervicgia, right shoulder AC joint arthrosis with impingement, right shoulder rotator cuff tendinopathy and right shoulder pain. Previous treatments include medications, shoulder surgery, physical therapy and chiropractic treatment. The treating provider requests additional physical therapy treatment to the cervical spine for 8 sessions, 2 times a week for 4 weeks. The Utilization Review on 01/14/2014 non-certified the request for additional physical therapy treatment to the cervical spine for 8 sessions, 2 times a week for 4 weeks, citing CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY TREATMENT TO THE CERVICAL SPINE FOR 8 SESSIONS, TWO TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS do not specify number of visits for cervicgia. The ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. The injured worker in this case carries diagnoses of chronic neck pain. Therefore, we can reference the ODG in order to get more specific physical therapy guidelines regarding these particular diagnoses. The ODG specifies the following time courses for these diagnosis: Cervicgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0):10 visits over 8 weeks. Therefore the request for an additional 8 session of PT would total 12 visits of physical therapy is in excess of guidelines. The requesting provider in fact confirms this total number in a note dated 2/6/14. This request is not recommended as is. The provider may request a total number of visits to be consistent with the recommendations of the ODG.