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| <b>Case Number:</b>   | CM14-0140004 |                              |            |
| <b>Date Assigned:</b> | 09/08/2014   | <b>Date of Injury:</b>       | 05/25/2011 |
| <b>Decision Date:</b> | 04/17/2015   | <b>UR Denial Date:</b>       | 08/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/28/2014 |

### 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: Massachusetts

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:

The injured worker is a 65 year old, male patient, who sustained an industrial injury on 05/25/2011. A primary treating office visit dated 07/08/2014, reported subjective complaint of constant bilateral shoulder pain, occasional right elbow pain, frequent lower back pain that travels to hips and buttocks and difficulty sleeping secondary to pain. He is currently taking Vicodin for pain control and is able to sleep approximately five hours with relief. His pain is noted reduced with rest, and activity modifications. Physical examination found the patient ambulating without a limp. He is with a scar over the anterior neck from a possible C3-5 fusion in 2008, well healed. A nodule was palpated on the right anterior neck. There is muscle guarding in the bilateral cervical paraspinals. There is palpable tenderness over the paracervical muscles bilaterally, as well as palpable muscle spasms bilaterally. There is also tenderness found upon palpation to the trapezius and spinal process from C2 through C7. Both Kemp's and heel walking tests are found with positive results. His upper extremities showed positive findings for impingement, Codman's and supraspinatus maneuvers. The following diagnoses are applied; cervical musculoligamentous sprain/strain; rule out cervical spine discogenic disease; status post cervical spine surgery 2008; lumbosacral musculoligamentous strain/sprain with radiculitis and rule out lumbosacral spine discogenic disease. The plan of care involved undergoing radiographic study of cervical and lumbar spine, bilateral shoulders and right elbow. In addition, obtain magnetic resonance imaging and computerized tomography study of cervical and lumbar spine and electric nerve conduction study. Physical therapy is also recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x/week for 4 weeks neck, low back, bilateral shoulders, right elbow:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Low back, Shoulder, Elbow: Physical Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a history of a work injury occurring nearly 4 years ago. He continues to be treated for chronic bilateral shoulder and elbow pain and low back pain interfering with sleep. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.