

<b>Case Number:</b>	CM14-0188900		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Texas and 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:

This is a 56 year old male patient who sustained a work related injury on 6/9/14. Patient sustained the injury when he was working and pushed a door and it stuck and felt a crack on his back and right neck. The current diagnoses include cervical spine strain/sprain with radiculitis and discogenic disease, thoracic spine strain/sprain, lumbar spine sprain/sprain with radiculitis rule out discogenic disease, bilateral shoulder strain/sprain versus cervical radiculitis, tendinitis, right shoulder rotator cuff tear, depression, and sleep disturbance. Per the doctor's note dated 9/10/14, patient has complaints of pain in the neck, lower back, and right shoulder/arm. The physical examination of the cervical spine revealed tenderness over the paraspinal muscles with palpable spasm, restricted cervical range of motion (ROM). Physical examination of the thoracic spine revealed tenderness over the paraspinal muscles with palpable spasm restricted ROM. Physical examination of the lumbar spine revealed tenderness over the paraspinal muscles with palpable spasm, restricted ROM. Physical examination of the shoulder revealed tenderness on palpation, Supraspinatus and impingement tests were negative. The medication lists include Cyclobenzaprine, Motrin, Meloxicam, Acetaminophen and Orphenadrine. The patient has had EMG/NCV on 7/7/14 that revealed cervical paraspinal muscles spasm and/or cervical nerve roots irritation or traction injury; MRI of the cervical spine on 7/6/14 that revealed Degenerative discogenic spondylosis primarily at C4-C5, central disc protrusion; X-ray of the lumbar spine and right shoulder which were normal. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received 12 PT Sessions for the cervical, thoracic, and lumbar spine, and bilateral shoulders. He has received manipulation therapy, extracorporeal shockwave, and injection with Xylocaine and Depo Medrol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve Physical Therapy (PT) Sessions for the cervical, thoracic, lumbar spine, and bilateral shoulders: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

**Decision rationale:** The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". The patient has received 12 PT Sessions for the cervical, thoracic, and lumbar spine, and bilateral shoulders. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Twelve Physical Therapy Sessions For The Cervical, Thoracic, Lumbar Spine and Bilateral Shoulders is not medically necessary.