

<b>Case Number:</b>	CM14-0197230		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/03/2006
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in 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 male patient with date of injury 1/3/06. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain and left shoulder pain since the date of injury. He has been treated with cervical spine fusion surgery and left shoulder decompression surgery. He has also been treated with medications, physical therapy and nerve blocks. Plain films of the cervical spine dated 10/14 showed cervical spine fusion at C3-4 and C5-6. Objective: decreased and painful range of motion of the cervical spine, positive Spurling's test, decreased left biceps deep tendon reflex. Diagnoses: cervicgia, cervical spine disc disease, status post cervical spine fusion, shoulder pain. Treatment plan and request: physical therapy cervical spine and left shoulder twice weekly for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine and left shoulder, twice weekly for six weeks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back and Shoulder Procedure Chapters

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

**Decision rationale:** This male patient has complained of neck pain and left shoulder pain since date of injury 1/3/06. He has been treated with cervical spine fusion surgery and left shoulder decompression surgery. He has also been treated with medications, physical therapy and nerve blocks. The current request is for physical therapy cervical spine and left shoulder twice weekly for 6 weeks. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has already received this amount of passive physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional 12 sessions of passive physical therapy is not indicated as medically necessary.