

<b>Case Number:</b>	CM14-0205988		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Emergency Medicine, and is licensed to practice in 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:

The injured worker is a 57 year-old male, who sustained an injury on August 30, 2012. The mechanism of injury occurred from vacuuming. Treatments have included: medications, physical therapy, injections. The current diagnoses are: shoulder bursitis/tenonitis, lateral epicondylitis, and brachial neuritis. The stated purpose of the request for Physical therapy 2 x 6 to the cervical spine and right shoulder was not noted. The request for Physical therapy 2 x 6 to the cervical spine and right shoulder was denied on November 7, 2014, citing a lack of documentation of functional improvement. Per the report dated October 8, 2014, the treating physician noted complaints of pain to the right shoulder and neck with numbness and tingling to the right upper extremity. Exam showed restricted cervical range of motion with right shoulder tenderness and positive Hawkins and impingement signs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 to the cervical spine and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy

**Decision rationale:** The requested Physical therapy 2 x 6 to the cervical spine and right shoulder is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the right shoulder and neck with numbness and tingling to the right upper extremity. The treating physician has documented restricted cervical range of motion with right shoulder tenderness and positive Hawkins and impingement signs. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 x 6 to the cervical spine and right shoulder is not medically necessary.