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| <b>Case Number:</b>   | CM14-0206053 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 04/29/2012 |
| <b>Decision Date:</b> | 02/24/2015   | <b>UR Denial Date:</b>       | 11/12/2014 |
| <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. 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 53-year-old woman with a date of injury of April 29, 2012. The mechanism of injury was a slip and fall while she was vacuuming stairs. The injured worker's working diagnoses are status post right rotator cuff repair, surgical arthroscopy, and subacromial decompression; status post right shoulder surgery; cervical pain with upper extremity symptoms. According to a progress note dated September 10, 2014, the IW complains of right shoulder pain rated 8/10. The IW has undergone 24 physical therapy (PT) sessions to date for the right shoulder. PT improved the pain initially, but has now continued. The IW also complains of cervical spine pain rated 5/10. There was no physical examination of the cervical spine. The IW is using a TENS unit 5 times per week, with benefit. Current medications include Tramadol, Naproxen, Pantoprazole, and Flexeril. The treating physician indicates he will continue to monitor cervical spine. Pursuant to the progress note dated October 3, 2014, the IW continues to complain of cervical spine pain. Examination of the cervical spine reveals tenderness and limited range of motion. Neurological exam unchanged. Documentation indicated recent PT to the cervical spine facilitates diminution in pain and improve range of motion. The total number of PT sessions to the cervical spine was not documented. There were no PT notes referable to the cervical spine in the medical record available for review. There was no evidence of objective functional improvement associated with prior PT to the cervical spine. According to the progress note dated October 24, 2014, the IW complains of neck pain rated 7/10. Cervical spine range of motion percent of normal: Flexion 50, extension 40, left and right lateral tilt 50, and left rotation 50. The treating physician is requesting chiropractor care, and additional physical therapy to the

cervical spine. The current request is for physical therapy to the cervical spine 3 times a week for 4 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy Cervical Spine 3 Times a Weeks for 4 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck Section, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the cervical spine three times per week for four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to determine the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and or number of visits exceed the guideline, exceptional factors should be noted. The guidelines enumerate the frequency and duration of physical therapy according to the injuries sustained. In this case, the injured worker's working diagnoses are status post right rotator cuff repair, surgical arthroscopy, and subacromial decompression; status post right shoulder surgery; cervical pain with upper extremity symptoms. The documentation in the medical record indicates the injured worker received prior physical therapy to the cervical spine. The total number of physical therapy sessions to the cervical spine is not documented. There are no physical therapy progress notes referable to the cervical spine. There is no evidence of objective functional improvement regarding prior physical therapy to the cervical spine. Additionally, there is no compelling clinical evidence in the medical record to support additional physical therapy. Consequently, absent clinical documentation to support additional physical therapy to the cervical spine with evidence of objective functional improvement and compelling clinical facts, physical therapy to the cervical spine three times per week for four weeks is not medically necessary.