

<b>Case Number:</b>	CM15-0000711		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 40 year old male who sustained an industrial injury on 05/12/2012 while working as a police officer. The mechanism of injury is documented as a motorcycle crash in 2010. Prior to the motorcycle accident he was in an altercation which ultimately resulted in his initial shoulder pathology. The diagnoses have included mild disk degeneration, cervical spine; chronic pain syndrome and status post left shoulder surgery. Treatment to date has included AP, lateral, flexion and extension x-rays which show normal lordosis. He has no significant disk height loss. MRI of cervical spine shows minor disk desiccation at the cervical 5 - 6 level. Other treatment included shoulder surgery times 2. Currently the injured worker (IW) has a chief complaint of neck pain radiating to his left arm. Physical exam of neck revealed limited range of motion secondary to pain. He also had limited range of motion of his left shoulder. The provider recommended a total of 10 sessions of physical therapy for neck 2 per week for 5 weeks to focus on isometrics, range of motion and traction exercises. On 12/04/2014 utilization review non-certified the physical therapy request noting there was no mention of a current home exercise program and the injured worker had been approved for maximum recommended number of physical therapy sessions for chronic pain. MTUS Guidelines were cited. On 01/02/2015 the injured worker submitted an application for IMR for review of the request for 10 sessions of physical therapy for neck 2 per week for 5 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, twice weekly for five weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks According to the ACOEM guidelines, physical therapy is intended for education and counseling after which therapy is to be continued in a home based program. In this case, there is no indication that the claimant cannot perform home exercises. The claimant was not specifically diagnosed with myositis, neuritis, radiculitis, etc but rather limited range of motion. The request for 10 sessions is not indicated based on the guidelines cited above.