

<b>Case Number:</b>	CM15-0009752		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old male who reported an injury on 09/14/2011 due to an unspecified mechanism of injury. On 12/09/2014, he presented for a followup evaluation regarding his work related injury. He reported that he was doing well with regards to his right shoulder, but that he was having some pain in the right aspect of the cervical spine. It was stated he was undergoing physical therapy to the neck and stated that he was told he may need 12 additional sessions. He rated his pain at a 4/10 to 5/10, and was noted to be continuing the use of his medications. A physical examination showed range of motion to flexion and extension to the cervical spine to be essentially normal. Left rotation was to 40 degrees, right rotation was to 50 degrees, and bilateral tilt was to 40 degrees. There was pain to palpation from the C4 through C7 and mid spine and right paraspinal musculature, negative on the left. There was a negative Spurling's bilaterally. He was diagnosed with status post right shoulder arthroscopy, right shoulder impingement syndrome, status post right shoulder rotator cuff repair, cervical radiculopathy, and cervical disc herniation. The treatment plan was for additional physical therapy 3 times 4 for the cervical spine to help alleviate the injured worker's remaining pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3x4 for the cervical spine:** 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 rationale:** The California MTUS Guidelines recommend physical therapy for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine. However, there is a lack of documentation regarding exactly how many sessions of physical therapy the injured worker had attended previously, as well as his response to the sessions in terms of pain relief and functional improvement. Without documentation from the injured worker's initial to show that he has improved with physical therapy, the request for additional sessions would not be supported. Also, the number of sessions being requested exceeds the guideline recommendations. No exceptional factors were noted to support exceeding the guidelines, and therefore the request would not be supported. As such, the request is not medically necessary.