

<b>Case Number:</b>	CM15-0100602		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/27/2001
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female with an industrial injury dated 08/27/2001. Her diagnoses included chronic pain syndrome, degeneration of cervical intervertebral disc, lumbosacral/thoracic neuritis or radiculitis and sprain of neck. Comorbid diagnoses included cancer, kidney disease and neuroblastoma as a child. Prior treatment included left shoulder surgery, ulnar repair surgery, bilateral carpal tunnel surgery and cervical injections. She presents on 04/15/2015 with complaints of chronic neck and shoulder pain rated as 9/10. Pain was made better by lying down and worse with moving around. Physical exam showed decreased range of motion of bilateral arms. Motor exam and reflexes were normal. The treatment request is for physical therapy, neck, 2 times weekly for 8 weeks, 16 sessions to include physical therapy evaluation, therapeutic exercises and manual therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Neck, 2 times wkly for 8 wks, 16 session, to include Physical Therapy Evaluation, Therapeutic exercises and Manual therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) chapter - Physical therapy (PT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic neck and shoulder pain. When seen, pain was rated at 9/10. There was decreased upper extremity range of motion with trapezium muscle spasms and muscle and hip bursa tenderness. Recommendations included exercise, diet modifications, and weight loss. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not medically necessary.