

<b>Case Number:</b>	CM15-0103633		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

Certification(s)/Specialty: Emergency 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 is a 55 year old male, who sustained an industrial injury on 4/05/2010. He reported repetitive use injuries to the right shoulder and neck as well as psychological symptoms. Diagnoses include cervical sprain, right shoulder strain, and cervical degenerative disc disease, and depression and anxiety. Treatments to date include activity modification, physical therapy, acupuncture, electrical stimulation, and psychotherapy. Currently, he complained of neck pain radiating to the right shoulder. Pain was rated 5/10 VAS in the neck and 4/10 VAS in the shoulder. The pain was noted to have improved and decreased in intensity and frequency from medication intake and acupuncture treatments. On 4/28/15, the physical examination documented tenderness in the sub-occipital, cervical and cervical thoracic muscles. The right shoulder was noted to be tender with decreased range of motion. The plan of care included six physical therapy sessions, twice a week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks to the cervical spine and right shoulder:**

Upheld

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

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

**Decision rationale:** The requested Physical therapy 2 times a week for 3 weeks to the cervical spine and right shoulder is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck pain radiating to the right shoulder. Pain was rated 5/10 VAS in the neck and 4/10 VAS in the shoulder. The pain was noted to have improved and decreased in intensity and frequency from medication intake and acupuncture treatments. On 4/28/15, the physical examination documented tenderness in the sub-occipital, cervical and cervical thoracic muscles. The right shoulder was noted to be tender with decreased range of motion. The treating physician has not documented objective evidence of derived functional improvement 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 times a week for 3 weeks to the cervical spine and right shoulder is not medically necessary.