

<b>Case Number:</b>	CM15-0016470		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: 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 31 year old male who reported an injury on 01/09/2014 due to an unspecified mechanism of injury. He reported pain in the neck, upper back, and left shoulder rated at a 4/10 with medications. It was noted that he had tried physical therapy and chiropractic therapy and had had relief with both. A physical examination showed tenderness noted on the left paravertebral cervical muscles and over the rhomboids and trapezius. The cervical and lumbar spine showed no limitation in range of motion or weakness. There was a trigger point noted with radiating pain and a twitch response on palpation at the trapezius muscle on the right and the lumbar spine. The left shoulder showed no limitation in range of motion and negative provocative testing. He was diagnosed with cervical pain, cervical spondylosis, cervical strain, and shoulder pain. A request was made for physical therapy 2 times a week for 6 weeks for the neck and left shoulder.

### 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 6 weeks for the Neck and Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. The documentation provided indicates that the injured worker had previously attended physical therapy. However, further clarification is needed regarding how many sessions he completed as well as his response to those sessions in terms of a quantitative decrease in pain and an objective improvement in function. Also, the documentation provided does not indicate that the injured worker has any significant functional deficits to support the request. Furthermore, the number of sessions being requested exceeds the guideline recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.