

<b>Case Number:</b>	CM15-0166601		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 66 year old male, who sustained an industrial injury on 11-21-07. The diagnoses have included cervical spondylosis without myelopathy and left shoulder impingement. Treatment to date has included medications, diagnostics, activity modifications, physical therapy and other modalities. Currently, as per the physician progress note dated 7-22-15, the injured worker complains of chronic neck and shoulder pain alleviated by taking prescription medications. It is noted that the symptoms have not improved. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 4-1-08 that reveals multi-level spondylosis, disc bulge and a tiny central protrusion. Magnetic Resonance Imaging (MRI) of the left shoulder dated 12-19-07 that reveals tendinosis-tendinitis, suspicion for impingement and there were tear lines within the superior fibrocartilage and separation of the superior and midportions of the fibrocartilage from the osseous labrum. The current medications included Flexeril and Vicodin. The objective findings-physical exam reveals that the Magnetic Resonance Imaging (MRI) of the cervical spine and left shoulder were reviewed. The vital signs were weight 165, blood pressure 132 over 83, height 71 inches and body mass index (BMI) 23.01. There were no other significant findings noted. The previous therapy sessions were not noted. The physician requested treatment included Physical therapy, cervical and left shoulder x 4 related to recent flare up of symptoms and pain and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, cervical/left shoulder x 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Physical therapy, cervical/left shoulder x 4, 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 chronic neck and shoulder pain alleviated by taking prescription medications. It is noted that the symptoms have not improved. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor 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, cervical/left shoulder x 4 is not medically necessary.