

<b>Case Number:</b>	CM15-0205748		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 43 year old, female who sustained a work related injury on 8-12-14. A review of the medical records shows she is being treated for neck and left shoulder pain. In the progress notes dated 9-3-15, the injured worker reports severe neck pain. She continues to have numbness in the lateral aspect of the forearm into the thumb and index finger. She reports shooting pain that happens when she moves her neck. She needs help getting activities of daily living done. She states she "cannot do any work at all." On physical exam dated 9-3-15, she has severe tenderness to palpation over the left side of cervical facets. Cervical range of motion brings about her neck pain. She has full strength in both arms. Treatments have included cervical epidural steroid injections, left shoulder steroid injections, greater than 18 physical therapy visits, and medication. Per last physical therapy treatment dated 8-28-15, she has improved cervical range of motion with decreased pain but neck movement is stiff. Current medications include Tramadol. Per a later note from different provider, she can return to work with modified duty. The treatment plan includes shoulder diagnostic work-up. The Request for Authorization dated 9-21-15 has request for 6 sessions of physical therapy. In the Utilization Review dated 9-28-15, the requested treatment of 6 sessions of physical therapy is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** CA MTUS Guidelines supports physical medicine treatments that are based on the philosophy that therapeutic exercise and activity are beneficial for restoring strength, flexibility, endurance, function, range of motion and can alleviate discomfort. In this case, the patient has completed greater than 18 sessions of PT, however the exact number is unclear. The documentation submitted contains no quantitative objective findings noting significant improvement. The request for an additional 6 PT sessions also exceeds guidelines. Therefore the request is not medically necessary or appropriate.