

<b>Case Number:</b>	CM15-0039033		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 61 year old female, who sustained an industrial injury on April 4, 2007. She reported injuries to her right shoulder, right arm, right elbow, head, neck, gastrointestinal system, psyche and sleep disturbance when she was struck by a co-worker who was running. The injured worker was diagnosed as having cervical strain and right upper extremity strain. Treatment to date has included physical therapy which the injured worker reports have helped in the past. She reports taking anti-inflammatory and pain medications. Diagnostics have included an MRI of the cervical spine. Currently, the injured worker complains of pain in the neck and right shoulder blade. The injured worker reports weakness in the right arm. She reports that she drops objections with her right hand and has weakness in the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for cervical spine and right upper extremity Qty: 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed 14 prior sessions in 2007, unknown number of sessions in 2009 and unknown number of sessions in 2011. There is no documented objective improvement with these prior PT sessions, just a subjective note that "it was helpful". There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. Additional Physical Therapy is not medically necessary.