

<b>Case Number:</b>	CM15-0048222		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 28-year-old male, who sustained an industrial injury on June 23, 2014. He reported his vehicle spun out of control, feeling a sharp pain in his neck, shoulders, arms, and hands upon stopping. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical myofascitis, and rules out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, thoracic musculoligamentous injury, thoracic myofascitis, lumbosacral sprain/strain, lumbar muscle spasm, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, right shoulder sprain/strain, right shoulder impingement syndrome, and secondary anxiety and depression. Treatment to date has included physical therapy, x-rays, and medication. Currently, the injured worker complains of sharp neck pain, upper/mid back pain with stiffness and cramping, low back pain and stiffness, and right shoulder pain and weakness. The Primary Treating Physician's report dated November 18, 2014, noted the injured worker rated his neck pain as 7/10, his back pain at 7/10, and his right shoulder pain as 6/10. Physical examination was noted to show the cervical range of motion (ROM) decreased and painful with 3+ tenderness to palpation and muscle spasms of the cervical paravertebral muscles and bilateral trapezii. Cervical compression and shoulder depression was noted to cause pain. The thoracic range of motion (ROM) was noted to be decreased and painful with 3+ tenderness to palpation and muscle spasms of the thoracic paravertebral muscles and bilateral trapezii. The lumbar spine was noted to have painful and decreased range of motion (ROM) with 3+ tenderness to palpation of the lumbar paravertebral muscles, bilateral SI joints, and bilateral gluteus, with muscle spasms in the lumbar paravertebral muscles and bilateral

gluteus, and positive straight leg raise. The right shoulder's range of motion (ROM) was noted to be painful and decreased with 3+ tenderness to palpation of the anterior shoulder and lateral shoulder with muscle spasms and Hawkin's and Supraspinatus press causing pain. The treatment plan was noted to include physical therapy, kinetic activities, and cervical spine, lumbar spine, and right shoulder MRIs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy, 3x6, QTY: 18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks #18 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical musculoligamentous injuries; cervical myofasciitis; rule out cervical disc protrusion; rule out cervical radiculitis versus radiculopathy; thoracic musculoligamentous injury; thoracic myofasciitis; lumbosacral sprain strain; lumbar muscle spasm; rule out lumbar disc protrusion; rule out lumbar radiculitis versus radiculopathy; right shoulder sprain strain; right shoulder impingement syndrome. The date of injury is June 23, 2014. The request for authorization is dated January 26, 2015. The most recent progress note in the medical record is dated November 18, 2014. An initial physical therapy evaluation was performed on October 28, 2014. The evaluation stated the injured worker was to receive physical therapy three times per week times eight weeks. This totals 24 sessions of physical therapy. The injured worker was then to be weaned to a home exercise program. There is no documentation in the medical record with progress notes indicating objective functional improvement. There is no compelling clinical documentation in the November 18, 2014 progress note indicating additional physical therapy over and above the recommended guidelines is clinically indicated. Additionally, the November 18, 2014 progress note does not contain a treatment plan. Consequently, absent clinical documentation of prior physical therapy progress notes demonstrating objective functional improvement and compelling clinical documentation indicating additional physical therapy (over and above the 24 previously rendered and received) is indicated, physical therapy three times per week times six weeks #18 sessions is not medically necessary.