

<b>Case Number:</b>	CM15-0051304		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/09/2006
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 45 year old male who sustained an industrial injury on 11/09/2006. Current diagnoses include discogenic cervical condition, rotator cuff tear right, impingement syndrome left, osteoarthritis elbow, and chronic pain syndrome. Previous treatments included medication management and multiple surgeries. Diagnostic studies included nerve studies and MRI. Report dated 02/19/2015 noted that the injured worker presented with complaints that included neck pain, muscle spasms and stiffness, and pain in both shoulders. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included prescriptions for Norco, Effexor, trazadone, Protonix, and Nalfon, and request for physical therapy. Disputed treatment includes physical therapy for neck/upper extremities (12 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for neck/upper extremities (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The California MTUS guidelines recommends up to 10 visits of physical therapy followed by home exercise for the injured employees neck, shoulders, and upper back. The injured employee has sustained an apparent injury over eight years ago and has previously participated in physical therapy for the neck and upper extremities. There is no indication that the injured employees symptoms have significantly changed or worsened or that he cannot perform therapy via a home exercise program. This request for physical therapy for the neck/upper extremities is not medically necessary.