

<b>Case Number:</b>	CM15-0085804		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	06/15/2009
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New Jersey, New York  
 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 59 year old female, who sustained an industrial injury on June 15, 2009. The injured worker was diagnosed as having right rotator cuff tear, right arm radiculopathy, lumbago, sciatica and cervicalgia. Treatment and diagnostic studies to date have included physical therapy and medication. A progress note dated April 14, 2015 provides the injured worker complains of neck, shoulder, back and arm pain. Physical exam did not include cervical exam. She has reportedly had 6 sessions of physical therapy with some relief of neck pain. The plan is for 6 additional physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy additional 6 sessions to cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy Page(s): 98-99.

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

**Decision rationale:** The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received 6 sessions of physical therapy in the past for her cervical spine. She had improvement in pain but her functional improvement has not been documented. If there was no initial improvement, then proceeding with more physical therapy may be of no benefit. An additional six sessions would make her exceed the recommended maximum number of sessions per MTUS guidelines. Therefore, the request as stated is not medically necessary.