

<b>Case Number:</b>	CM15-0086655		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/22/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old male who sustained a work related injury December 6, 2011. After lifting (30) 40 pound bags onto a truck, he developed neck and bilateral shoulder pain. Past history included s/p left shoulder surgery x 2 and right shoulder surgery x 1. According to an orthopedic spine physician's consultation, dated April 14, 2015, the injured worker continues to complain of persistent neck pain which radiates in his left upper and lateral shoulder. The pain does not go past his elbow. He has been treated with; physical therapy for his shoulders, recent shoulder injection which reportedly helped, and takes Norco for pain. There is positive lower midline tenderness to palpation of the cervical spine. Impression is documented as s/p bilateral shoulder surgeries and cervical disc degeneration, possible left C5 radiculopathy. Diagnoses are spinal stenosis of the cervical spine; SLAP lesion shoulder; rotator cuff syndrome, not otherwise specified; adhesive capsulitis shoulder. Treatment plan documents, he has yet to have treatment for his neck and recommends a request for authorization cervical physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times week times four weeks cervical spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in December 2011 and is being treated for chronic neck pain. He has also been treated for shoulder pain and underwent bilateral arthroscopic surgeries and has had postoperative physical therapy. When seen, there had been benefit after a recent shoulder injection. He was taking Norco. Physical examination findings included lower midline cervical tenderness with positive left Spurling's testing. There was a diagnosis of cervical degenerative disc disease and possible left C5 radiculopathy. He was referred for physical therapy for the cervical spine. In this case, the claimant is being treated for chronic pain without new injury. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.