

<b>Case Number:</b>	CM15-0086852		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/19/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Preventive Medicine, Occupational 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 year 45 old, male who sustained a work related injury on 11/19/14. The diagnosis has included right shoulder joint pain. Treatments have included ice/heat therapy, oral medications and rest. In the Emergency Department Provider Notes dated 12/9/14, the injured worker complains of right shoulder pain, worse pain in right arm and is unable to lift arm above the shoulder. Right shoulder range of motion limited to 90 degrees of shoulder abduction 2/2 pain. The treatment plan includes shoulder x-rays and for outpatient follow-up for MRI and physical therapy. The diagnosis includes cervical DDD with radiculitis. The records document a 4th session of physical therapy completed and a prior request for 8 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Waterproof soft cervical neck collar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines Neck - Cervical Collars.

**Decision rationale:** MTUS Guidelines are clear that long term use of cervical collars are not recommended for the non-postoperative management of cervical pain. MTUS Guidelines limit recommended use from 1-2 days and ODG Guidelines do not recommend their use at all noting that some outcomes are actually worse when a soft collar is utilized. There are no unusual circumstances to justify an exception to Guidelines. The water proof soft cervical collar is not supported by Guidelines and is not medically necessary.

**Physical therapy evaluation/Rx (unknown # of visits):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Neck - Physical Therapy.

**Decision rationale:** Both the MTUS and ODG Guidelines have very specific limitations regarding the amount of physical therapy that is deemed to be reasonable. For this patient condition up to 10 sessions are considered adequate treatment with supervised physical therapy. Prior physical therapy is documented to have been completed, but the extended of prior therapy is not clear and the amount of additional therapy requested is not documented. Pending additional documentation, the non-quantified request for physical therapy evaluation - treatment (unknown number of sessions) is not supported by Guidelines and is not medically necessary.