

<b>Case Number:</b>	CM13-0032285		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old female who sustained an injury on 3/22/12; the mechanism of injury was not indicated. The patient reports that she sustained this injury because of cumulative trauma from March 12, 2006 onward while performing her usual and customary duties as an administrative assistant supervisor. She reports that due to repetitive movement at work such as all clerical, administrative, accounting work, etc., she experienced headaches and pain in her jaw, neck, back, buttocks, shoulders, upper arms, forearms, and hands, and she reported the injury. The next day, she had increased headaches and pain in her jaw, neck, back, buttocks, shoulders, upper arms, forearms and hands. The patient is diagnosed with cervical disc protrusion, right shoulder impingement, and lumbar disc protrusion. An MRI of the cervical spine dated 12/3/12 shows a 2-3mm central disc herniation. An MRI of the right shoulder dated 12/3/12 shows no complete rotator cuff tear; there is a 1cm linear hyperintensity in the inferior surface of the distal infraspinatus tendon, which may represent a subtle undersurface tear involving 25% thickness. An MRI of the lumbar spine dated 12/3/12 shows a wide L5-S1 disc is partially degenerated with a 2-3mm central paracentral disc herniation. Prior treatments include chiropractic therapy and physical therapy; she is also doing stretching exercises. A physical therapy note dated 8/27/13 states that the patient has completed 10 physical therapy visits. She continues to have some pain in the right parascapular region. She has low back pain which has improved significantly with physical therapy; overall improvement is 70%. On physical examination of the lumbar spine, there is tenderness at the L4-L5 spinous process. Lumbar range of motion revealed flexion of 40 degrees, extension of 35 degrees, and bilateral side bend of 25 degrees. There is decreased strength at 4/5 with lumbar right and left rotation, and 4/5 with lumbar extension. The medical report d

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

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

**12 physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines allow for fading of physical therapy treatment (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The number of requested visits of physical therapy in addition to the previous therapy sessions is in excess of the recommendation of the referenced guidelines. Moreover, there is no evidence that a home exercise program could not adequately address the current issues experienced by the patient. Therefore the request is not medically necessary.