

<b>Case Number:</b>	CM14-0126204		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/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 60 year old female who sustained an industrial injury on 2/22/2012, to the cervical spine. She has been diagnosed with cervical radiculopathy and history of cervical spine surgery. The PTP progress report dated 7/21/2014 indicates the patient is being seen under future medical for left neck/shoulder related pain. She reports her symptoms are stable and persistent. She complains of left neck and left shoulder pain with left arm tingling. She had an EMG/NCS consistent with radiculopathy (chronic) C5 and/or C6. She still sleeps in a recliner. Physical examination reveals that she exhibits pain at the left shoulder and neck. Diagnoses are cervical radiculopathy, history of spinal fusion, left rotator cuff syndrome, and left carpal tunnel syndrome. There are no objective examination findings. Authorization for physical therapy and acupuncture are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1-2 x 4 Weeks Cervical Spine, Left Shoulder: Upheld**

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

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

**Decision rationale:** The patient is more than 2.5 years post date of injury. It is not documented how many physical therapy sessions the patient has completed to date and her response to rendered therapy is also not documented. Additionally, there is no indication of worsening of her condition or new injury. At this point, she should be versed in a home exercise program with focus on stretching, strengthening, and ROM activities and application of self-applied modalities, such as ice/heat packs. The medical necessity of physical therapy is not established.

**Acupuncture 2x4 Left shoulder, Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient is more than 2.5 years post date of injury. It is not documented how many physical therapy sessions the patient has completed to date and her response to rendered therapy is also not documented. Additionally, there is no indication of worsening of her condition or new injury. At this point, she should be versed in a home exercise program with focus on stretching, strengthening, and ROM activities and application of self-applied modalities, such as ice/heat packs. The medical necessity of physical therapy is not established.