

<b>Case Number:</b>	CM14-0133747		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	06/05/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

Medical records reflect the claimant is a 55 year old female who sustained an injury on 6-5-11. The claimant reports neck pain and right hand pain. The pain radiates to the right upper extremity. The claimant is status post right partial medial meniscectomy, right thumb arthroplasty, carpal tunnel releases. Office visit form 6-16-14 notes the claimant had complaints of right hand pain, radiating pain from the right thumb up into the shoulder, right knee pain, neck pain, low back pain, GI reflux. On exam, the right shoulder, the claimant had decrease in range of motion, positive impingement sing of the right shoulder, tenderness to palpation over the AC joint. Exam of the cervical spine showed tenderness to palpation with some spasms. Range of motion was within normal limits. The claimant had negative Spurlings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy cervical, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation OGD (Official Disability Guidelines);Disability Guidelines Shoulder and Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cervical and shoulder chapter - physical therapy.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant has numerous complaints to include the cervical spine and right shoulder. However, there is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed from the compensable injury. Therefore, the medical necessity of this request is not established.