

<b>Case Number:</b>	CM14-0146105		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/15/2001
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 & Rehabilitation 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 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 46 year old female who was injured on 08/15/2001. The mechanism of injury is unknown. Prior treatment history has included aquatic therapy and Robaxin, ice gel, and trigger point injection. Diagnostic studies reviewed include MRI of the cervical spine dated 06/27/2014 demonstrated mild canal stenosis with mild ventral cord flattening at C5-C6; at C6-C7, there is a 2 mm broad-based disc bulge contacting the ventral spinal cord, mild canal stenosis. SOAP note dated 08/01/2014 documented the patient to have complaints of myofascial pain and residual neck, right shoulder and forearm pain. Objective findings on exam revealed cervical flexion increased to 30 degrees, extension increased to 20 degrees, right rotation decreased to 45 degrees; and left rotation at 45 degrees. The cervical spine exhibited paraspinal spasm. The right shoulder flexion is to 160 degrees with myofascial tightness and subacromial tenderness. She has positive Hawkin's maneuver as well as O'Brien maneuver. The assessment is residual neck and right shoulder pain; left shoulder impingement syndrome; and mild flare-up of right midback myofascial pain. The patient was recommended for 6 additional sessions of physical therapy. Prior utilization review dated 08/22/2014 states the request for Physical Therapy 2x3 Neck/Right Arm is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 Neck/Right Arm:** Overturned

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

**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), Neck/Arm Physical Therapy .

**Decision rationale:** This patient has sought treatment for neck and shoulder symptoms following the development of new/worsening neck and arm symptoms. The MTUS guidelines and the ODG both offer guidance for between 8 and 16 sessions of physical therapy for conditions affecting the neck and arm. The patient proceeded through a prior course of aquatic therapy, but the current request is for active dry land therapy and the documentation supports the potential benefit for this treatment. Based on my review of the guidelines, the rationale offered regarding treatment, and the documentation reviewed, the request is medically necessary.