

<b>Case Number:</b>	CM14-0148622		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Occupational Medicine, 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:

Patient is a 46-year-old female who has submitted a claim for cervical disc degeneration, associated with an industrial injury date of 01/17/2013. Medical records from April 2014 to September 2014 were reviewed. Patient complained of left neck pain. The mechanism of injury occurred when she sprained her neck from ergonomic issues. The pain was noted in her bilateral neck with radiation into her left interscapular area and trapezius. Pain was 3-4/10, but increases to 9/10. She responded well with medications and 8 sessions of physical therapy. Physical examination of the cervical spine revealed tenderness of the paraspinals and trapezius muscles. Cervical flexion was 50 degrees, rotation to the right was 70 degrees, to the left at 70 degrees, lateral bending to the left at 30 degrees, and to the right at 40 degrees. Extension was 30 degrees. Bilateral shoulder abduction 120 degrees, internal rotation 70 degrees, and flexion 180 degrees. Cervical Magnetic Resonance Imaging (MRI) revealed minimal uncovertebral hypertrophy with mild facet arthropathy at C3-C4, C4-C5, C5-C6, and C6-C7. Treatment to date has included pain medications and 22 sessions of physical therapy. Utilization review from July 4, 2014, denied the request for Additional Physical Therapy X6-Neck and Shoulder. There was no documentation of functional improvement from previous therapy sessions, such as increase activities of daily living or reduced work restrictions. The previous therapy should have help transition the patient into a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy X6-Neck and Shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Guidelines (ODG) Neck and Shoulder Physical therapy

**Decision rationale:** As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. According to the Official Disability Guidelines (ODG), physical therapy for sprains of the neck and shoulder, low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. The recommended number of visits is 10 over 8 weeks for sprained neck and shoulder. In this case, the patient has completed 22 sessions of physical therapy. In a progress note, dated September 9, 2014, it was noted that the patient had 50% relief of pain from treatment. The patient may benefit from continued treatment, however, the requested 6 additional sessions would exceed guideline recommendation of 10 visits. The medical necessity of continued treatment in excess of guideline recommendation cannot be established. There was no compelling rationale concerning the need for variance from the guideline. It was likewise unclear why patient cannot transition into a self-directed home exercise program to address residual deficits. Therefore, the request for Additional Physical Therapy X6-Neck and Shoulder, is not medically necessary.