

<b>Case Number:</b>	CM14-0150577		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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 injured worker is a 53-year old female who sustained cumulative trauma injuries to the neck, back and right upper extremity on July 27, 2012. Her conservative treatment to date included rest, medications, physical therapy, chiropractic treatment, acupuncture therapy, as well as multiple trigger point injections. The injured worker was seen at [REDACTED] on June 11, 2014 with complaints of constant and sharp pain in her neck, bilateral shoulder girdle, mid-back, low back, scapular, and right upper extremity with intensity of 6/10. On examination, she had an antalgic gait favoring her right lower extremity. Her posture was head forward, she had straightening of the normal cervical lordosis, and had enhanced thoracic kyphosis but a relatively well-maintained lumbar lordosis. She was also globally deconditioned. Shoulder girdles were asymmetric with the left shoulder higher than the right side. Ranges of motion of the cervical spine and bilateral shoulder were limited. Reflexes in her ankles were absent. Hypesthesia in the right upper extremity along the C6 dermatome was evident. Spurling's maneuver on the right side was also positive. The injured worker returned on July 8, 2014 with chief complaints of pain in her neck and right shoulder. No physical examination was performed. In her subsequent follow-up visit on August 28, 2014, the injured worker has no principal complaint. On examination, she was overweight. She was in no acute distress and examination of her neurological, musculoskeletal and pain behaviors demonstrated no abnormal findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times 3 for the lumbar, cervical, and right 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.

**Decision rationale:** The injured worker has had previous physical therapy and description regarding her response to treatment and total quantity of therapy visits attended are required to make the determination. Moreover, there was no evidence that the injured worker failed to improve with self-directed home exercise program and that physical examination on August 28, 2014 did not show any objective evidence of deficit to necessitate supervised physical therapy. Therefore, the request for physical therapy twice a week for three weeks for the lumbar, cervical, and right shoulder is not medically necessary and appropriate.