

<b>Case Number:</b>	CM14-0181281		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 38-year-old female who has submitted a claim for cervicgia, shoulder impingement syndrome, headache, chronic pain syndrome, and chronic cervical left C6 radiculopathy associated with an industrial injury date of 5/5/2012. Medical records from 2014 were reviewed. The patient complained of neck pain and left shoulder pain. Left shoulder pain aggravated since the last visit. Pain was associated with numbness and tingling sensation to the left hand. Physical examination showed tenderness over the paracervical muscles. Range of motion of the left shoulder was restricted. Treatment to date has included cervical epidural steroid injection, chiropractic care, use of a TENS unit, physical therapy, and medications. The utilization review from 10/9/2014 denied the request for physical therapy cervical / left shoulder because of lack of any clinical support for the diagnosis of cervical radiculopathy and lack of response from previous therapy to warrant an extension of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Cervical/Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient complained of neck pain and left shoulder pain. Left shoulder pain aggravated since the last visit. Pain was associated with numbness and tingling sensation to the left hand. Physical examination showed tenderness over the paracervical muscles. Range of motion of the left shoulder was restricted. Patient completed a course of physical therapy in the past. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the duration of injury, it is unclear why patient is still not versed to home exercise program to address the residual deficits. Moreover, there was no comprehensive physical examination available to document impairments. The medical necessity has not been established. Therefore, the request for Physical Therapy for Cervical/Left Shoulder is not medically necessary.