

<b>Case Number:</b>	CM14-0183515		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Family Practice, 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:

This is a 55-year-old male claimant who sustained a sustained a car accident injury on August 28, 2014 involving the neck, shoulders, and lower back. He had undergone physical therapy in September 2014. A progress note October 9, 2014 indicated he continued to have 4/5 out of 10 pain in the involved regions. He was diagnosed with cervical sprain, left shoulder arthritis, lumbar degenerative disc disease and stress. He had previously undergone right shoulder arthroscopic rotator cuff repair in July 2012. Exam findings were notable for cervical spine tenderness, left shoulder tenderness, lumbar spine tenderness to palpation and right shoulder tenderness. The treating physician requested 12 sessions of physical therapy for the cervical spine, bilateral shoulders and lumbar spine to improve function. The claimant was also advised to performing home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to cervical spine at 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and upper back chapter, physical therapy

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksIn this case the claimant had undergone an unknown amount of physical therapy sessions prior to this request. The request for 12 sessions of physical therapy for the cervical spine exceeded the total amount of recommended visits as noted above. Therefore 12 sessions of Physical Therapy for the cervical spine is not medically necessary.

**Physical Therapy to right shoulder at 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, shoulder regarding physical therapy

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksIn this case the claimant had undergone an unknown amount of physical therapy sessions prior to this request. The request for 12 sessions of physical therapy for the Right shoulder exceeded the total amount of recommended visits as noted above. Therefore 12 sessions of Physical Therapy for the right shoulder is not medically necessary.

**Physical Therapy to left shoulder at 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, shoulder regarding physical therapy

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksIn this case the claimant had undergone an unknown amount of physical therapy sessions prior to this request. The request for 12 sessions of physical therapy for the Left shoulder exceeded the total amount of recommended visits as noted above. Therefore 12 sessions of Physical Therapy for the left shoulder is not medically necessary.

**Physical Therapy to lumbar spine at 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG for low back regarding physical therapy

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks In this case the claimant had undergone an unknown amount of physical therapy sessions prior to this request. The request for 12 sessions of physical therapy for the lumbar spine exceeded the total amount of recommended visits as noted above. Therefore 12 sessions of Physical Therapy for the Lumbar spine is not medically necessary.