

<b>Case Number:</b>	CM15-0114392		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 26 year old male, who sustained an industrial injury on 09/03/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right shoulder pain, rule out herniated nucleus pulposus, and cervical spine subluxation with radiculopathy of the right upper extremity. Treatment and diagnostic studies to date has included chiropractic therapy. In a progress note dated 05/12/2015 the treating physician reports neck pain that radiates to the upper back and the right arm with associated symptoms of right arm spasms and paresthesia. Examination reveals a positive right maximal foraminal compression test, positive Soto-Hall test, restricted range of motion to the cervical spine, restricted range of motion to the right shoulder, and a positive Apley's test. The documentation provided did not indicate any prior physical therapy performed. The treating physician requested eight sessions of physical therapy to the cervical spine and right shoulder with the treating physician noting that the injured worker has no use of the right extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy cervical spine and right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the injured worker sustained an industrial injury in September 2014. The medical records indicate that the injured worker continues to complain of neck and shoulder pain. The medical records do not establish that the injured worker has undergone prior physical therapy treatments and the request for 8 sessions of physical therapy is supported. The request for Physical therapy cervical spine and right shoulder is medically necessary and appropriate.