

<b>Case Number:</b>	CM15-0118746		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, North Carolina  
 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:

This injured worker is a 44 year old male, who reported an industrial injury on 3/1/2012. His diagnoses, and or impression, were noted to include: cervical sprain/strain; cervical myospasm with disc desiccation, annular tears, disc protrusions and neural foraminal stenosis; thoracic sprain/strain with myospasm; status-post right shoulder surgery (7/28/14); and sleep loss secondary to pain. No current imaging studies were noted. His treatments were noted to include cervical epidural steroid injections; right shoulder surgery followed by 24 physical therapy sessions; medication management; and rest from work. The progress notes of 4/1/2015 reported frequent mild-moderate neck pain and stiffness, status-post cervical epidural steroid injections on 3/10/2015; intermittent mild mid-upper back pain, stiffness and weakness; and occasional mild right shoulder pain, stiffness and weakness. Objective findings were noted to include tenderness at the cervical para-vertebral and bilateral trapezii muscles with decreased and painful cervical range-of-motion; painful right shoulder depression test; tenderness to the thoracic para-vertebral muscles and decreased and painful thoracic range-of-motion; and tenderness at the shoulder joint with positive painful supraspinatus press test and decreased range-of-motion. The physician's requests for treatments were noted to include physical therapy for the cervical spine for painful, decreased range-of-motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine, 2 times a week for 4 weeks, quantity: 8 sessions:**  
Upheld

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

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

**Decision rationale:** The claimant's date of injury was 3/1/2012. He underwent right shoulder surgery, followed by 32 sessions of physical therapy to the right shoulder and neck. He now complains of chronic neck and right shoulder pain and the request is for 8 sessions of PT to the cervical spine. The previous sessions of PT to the neck and shoulder resulted in no functional improvement or significant pain relief. The claimant has not returned to work. He is independent with a home exercise program for maintenance therapy. There is no recent exacerbation of symptoms or new trauma to necessitate additional PT treatments. Therefore, the request is deemed not medically necessary or appropriate.