

<b>Case Number:</b>	CM15-0122724		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	11/28/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old female, who sustained an industrial injury on 11/28/2009. She has reported injury to the neck. The diagnoses have included cervical sprain/strain; possible internal derangement; status post arthroscopy right shoulder. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, and home exercise program. A progress report from the treating physician, dated 05/28/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent pain and stiffness to her neck, right shoulder, and both wrists; and the pain is associated with numbness and tingling to both wrists. Objective findings included tenderness, spasticity, and decreased range of motion to the cervical spine; tenderness and decreased range of motion to the right shoulder; tenderness to both wrists; and the EMG (electromyography)/NCV (nerve conduction velocity) studies, done on 05/11/2015, were within normal limits. The treatment plan has included the request for physical therapy 3 times a week for 4 weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the cervical spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in November 2009 and continues to be treated for neck, shoulder, and upper extremity pain with numbness and tingling. When seen, there was decreased cervical spine and shoulder range of motion with tenderness and muscle spasms. There was bilateral wrist tenderness. Authorization for physical therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be anticipated to reestablish or revise the claimant's home exercise program. The request was not medically necessary.