

<b>Case Number:</b>	CM15-0061195		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 October 23, 2014. She reported lifting a wooden bunk bed with significant pain in the cervical spine, right shoulder and lumbar spine. The injured worker was diagnosed as having cervical strain, right scapulothoracic strain, and minimal lumbar strain. Treatment to date has included x-rays, acupuncture, chiropractic treatments, and medication. Currently, the injured worker complains of stiffness and soreness in the cervical spine, headaches, pain and stiffness in the right shoulder, and lumbar spine pain. The Treating Physician's report dated February 9, 2015, noted the injured worker had undergone x-rays, which were within normal limits. Physical examination was noted to show tenderness in the cervical paracervical musculature and suprascapular/trapezius bilaterally, and slight tenderness in the lumbar spine. The right upper extremity was noted to have decreased sensation. The treatment plan was noted to include a physical therapy program for strengthening, a MRI of the cervical spine scheduled for February 12, 2015, and refills on the medications Vimovo and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 weeks for the bilateral neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Guidelines do not recommend additional PT if no further benefit is likely to be obtained. In this case, the patient had therapy in the past and there is no documentation provided of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. The request for physical therapy 2 x 4 week for the bilateral neck is not medically appropriate and necessary.

**Physical therapy 2x4 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Guidelines do not recommend additional PT if no further benefit is likely to be obtained. In this case, the patient had therapy in the past and there is no documentation provided of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. The request for physical therapy 2 x 4 week for the right shoulder is not medically appropriate and necessary.