

<b>Case Number:</b>	CM15-0073803		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on 11/01/2005. On provider visit dated 03/25/2015 the injured worker has reported clicking in cervical spine which cause sharp pain in the shoulder. On examination of the cervical spine revealed decreased in range of motion. The diagnoses have included cervical pain. Treatment to date has included medication and completed six sessions of physical therapy. The provider requested additional physical therapy 3x wk x 2 wks to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3x wk x 2 wks to the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy three times per week times two weeks to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are calcifying tendinitis of the left shoulder. There is no diagnosis of the cervical spine malady. Subjectively, according to a March 25, 2015 progress note, the injured worker states she completed her first course of physical therapy successes. She is reporting a 50 to 60% improvement. She finds it relaxing. The physical therapist states the injured worker has a 50% increase in range of motion most notable of rotation of the cervical spine. Objectively, the cervical spine shows loss of range of motion with a click or snap coming from the cervical spine during rotation. There is no documentation evidencing objective functional improvement. There is no documentation of improvement in ADLs. There is no documentation of the specific cervical spine injury/diagnosis to determine how many physical therapy sessions are appropriate according to the guidelines. Consequently, absent clinical documentation with a specific cervical diagnosis and the guideline recommendations for that cervical diagnosis and evidence of objective functional improvement with ADLs, additional physical therapy three times per week times two weeks to the cervical spine is not medically necessary.