

<b>Case Number:</b>	CM15-0092872		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 38-year-old female, who sustained an industrial injury on 6/13/2002. Diagnoses include impingement syndrome shoulder region, degeneration cervical intervertebral disc and cervicalgia. Treatment to date has included medications including Nabumetone, Ultracin, Cyclobenzaprine, Lidoderm patches, Voltaren gel, Tylenol, and Zanaflex, injections, stellate ganglion block, physical therapy, acupuncture, pain psychology sessions, home exercise, massage and cervical traction. Per the Primary Treating Physician's Progress Report dated 4/21/2015, the injured worker reported right upper extremity and neck pain. She reports increased pain rated as 8/10 and constant but worse with activities. Physical examination of the cervical spine revealed tenderness over the supraclavicular region. There were no trigger points or muscle spasm present and Spurling's was negative. Examination of the upper extremities revealed tenderness over the glenohumeral joint, acromioclavicular joint, sternoclavicular, and trapezius of the right upper extremity. There was pain upon range of motion in the upper extremity in all directions and limited range of motion with abduction and internal rotation. The plan of care included physical therapy and authorization was requested for 6 sessions of physical therapy (2 x 3) for the cervical spine and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 3 weeks of the Cervical Spine and Shoulder:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines 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 has a remote history of a work injury occurring in June 2002 and continues to be treated for neck and right upper extremity pain. When seen, she had increased pain rated at 8/10 and was having difficulty with overhead activities. Physical examination findings included decreased and painful range of motion. She was trying to avoid taking oral medications. She was using a traction device at home and was performing exercises and stretching which she did not feel was providing benefit. She had last participated in physical therapy several years before and was lacking an appropriate home exercise program. In terms of physical therapy treatment for this condition, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with guideline recommendations and with the number of sessions that would be expected to achieve the stated treatment goals. It was therefore medically necessary.