

<b>Case Number:</b>	CM15-0097069		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: 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 60 year old male, who sustained an industrial injury on 08-01-2010. He has reported injury to the neck and right shoulder. The diagnoses have included cervicalgia; cervical spondylosis without myelopathy; cervical radicular pain; and shoulder impingement. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Norco. A progress report from the treating physician, dated 04-15-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of cervical and right shoulder pain; the physical therapy ran out since his last visit; and he had been making progress before the physical therapy ran out. Objective findings included guarded range of motion of the neck; tenderness to palpation of the posterior neck; he is alert and oriented; he is active; and he has normal reflexes. The treatment plan has included the request for physical therapy cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 August 2010 and is being treated for neck and right shoulder pain. Recent treatments include physical therapy with completion of eight treatment sessions as of 04/01/15 with treatments beginning on 03/10/15. When seen by the requesting provider there was posterior cervical tenderness with guarded range of motion. Authorization for an additional eight physical therapy treatment sessions in order to make the claimant permanent and stationary and to reach maximum medical improvement was requested. In this case, the claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program and does not reflect a fading of treatments. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.