

<b>Case Number:</b>	CM13-0029964		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old female with a reported date of injury on 12/02/2012. The patient presented with continuing right shoulder pain, low back pain, left knee weakness, left knee stiffness, right-sided neck pain with radiation to the right shoulder region, intermittent radiculopathy into the right arm/hand, decreased cervical range of motion, decreased right shoulder range of motion, mild tenderness to palpation at the cervical paraspinal muscles, and a positive impingement sign in the right shoulder. The patient had diagnoses including cervical spine spasms and pain with right arm radiculopathy, lumbar spine disc disease and herniated discs, right shoulder rotator cuff tear - full thickness, and diabetes. The physician's treatment plan included a request for 8 physical therapy sessions, 2 x 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) physical therapy sessions, 2x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The guidelines also recommend patients should undergo a 6 session trial of physical therapy followed by a complete assessment of the patient's condition in order to assess functional improvement before continuing therapy. Per the provided documentation, it appeared the patient has undergone 12 sessions of physical therapy for the right shoulder and cervical spine. The request for 8 additional sessions of physical therapy would further exceed the guideline recommendations. Therefore, the request for 8 physical therapy sessions, 2 x 4 is neither medically necessary nor appropriate.