

<b>Case Number:</b>	CM13-0031235		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/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 injured worker is a 56-year-old individual with an original date of injury of September 25, 2009. The industrial diagnoses include reflex sympathetic dystrophy of the upper limb, insomnia, chronic neck pain, muscle spasm, and depressive disorder. Conservative treatments to date have included physical therapy, acupuncture, pain medications, and stellate ganglion blocks. The injured worker's work status according to a progress note on April 23, 2013 was disabled. A follow-up progress note associated with this request on July 22, 2013 indicated that the patient was currently unemployed. The disputed issue is a request for an additional 16 sessions of physical therapy for the left shoulder, which was requested on September 11, 2013. A utilization review had noncertified this request, citing that there are no new residual deficits, additional physical therapy for treatment of subjective pain is not clinically indicated as it is unlikely to result in any functional benefit, and appropriate ongoing treatment can be obtained with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the left shoulder x 16 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The injured worker's work status according to a progress note on April 23, 2013 was disabled. A follow-up progress note associated with this request on July 22, 2013 indicated that the patient was currently unemployed. Although there is documentation that physical therapy in the past has been helpful, it is unclear what type of functional benefit patient has as her work status has remained the same. Furthermore, it is not clear why the patient cannot accomplish functional goals in the context of a home exercise program. The guidelines clearly do not recommend prolong formal physical therapy, and self-directed exercises are recommended. This request is not medically necessary.