

<b>Case Number:</b>	CM13-0031754		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/16/2008
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Physical Medicine & Rehabilitation 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 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 underlying date of injury in this case is 01/16/2008. The primary diagnoses include left shoulder pain with muscle spasms as well as myalgia and myositis. A more recent followup note from the treating provider of 10/15/2013 notes that the patient's current treatment has not been successful to allow the patient to return to work and that her usual job remains available to her. That provider notes that the patient presents with deficits in the left upper extremity including moderate to severe pain with muscle spasm which has not responded to prior treatment. Specifically, the provider notes that the patient is status post a left shoulder arthroscopic procedure in September 2008. That note indicates that the patient's past qualified medical examiner recommended participation in a functional restoration program. Therefore, the treating provider requested an interdisciplinary evaluation for a functional restoration program. The prior physician note of 09/19/2013 noted that the specific goal for additional therapy was return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (6 sessions):** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that active therapy requires an internal effort by the individual to complete a specific exercise or task. The medical records at this time indicate that the goal of the requested physical therapy at the time it was requested was return to work. However, it is not clear from those records what the specific goals of therapy would be which would be needed to be accomplished to return the patient to work. Moreover, more recently the treating physician has referred the patient for an evaluation for a functional restoration program, noting that past treatment has failed. It is noted that the criteria for referral to a functional restoration program is described in the Chronic Pain Medical Treatment Guidelines page 32, which includes the conclusion that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Therefore, the medical records had documented that past physical therapy has failed and there is a desire to progress to a functional restoration program. Neither the medical records nor the treatment guidelines would support additional formal physical therapy in this situation since the medical records instead document that the patient has failed past physical therapy and that additional traditional physical therapy may not be anticipated to result in significant further improvement. Therefore, this request is not medically necessary