

<b>Case Number:</b>	CM13-0046347		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational 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 applicant is a represented [REDACTED], [REDACTED] employee who has filed a claim for right shoulder pain, chest wall pain, midback pain, neck pain, and rib fracture reportedly associated with an industrial injury on May 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; 15 sessions of physical therapy, per the claims administrator; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of October 28, 2013, the claims administrator partially certified a request for twelve (12) sessions of physical therapy at six (6) sessions of physical therapy. The applicant's attorney subsequently appealed. On September 30, 2013, the attending provider noted that the applicant continued to report persistent shoulder and chest wall pain with associated shortness of breath. The applicant has a history of asthma. The applicant is placed off of work, on total temporary disability. Chest x-ray testing, laboratory testing, and a 2D echocardiogram were endorsed. On October 30, 2013, the attending provider stated that the applicant would benefit from twelve (12) additional sessions of physical therapy so as to diminish pain levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8,99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend nine to ten (9 to 10) session course for myalgias and/or myositis of various body parts. The applicant had already had prior treatment (15 sessions), which seemingly in excess of the guideline recommends. The applicant did not seemingly respond favorably to the same. The applicant had failed to return to work. The applicant remained highly reliant on various medications, consultations, diagnostic tests such as an echocardiogram, and pulmonary function testing. Continuing physical therapy without evidence of functional improvement is not recommended. The guidelines indicate that the demonstration of functional improvement is necessary at various milestones in the treatment program, so as to justify continued treatment. In this case, however, there has been no such evidence of functional improvement as defined in the MTUS, despite the completion of fifteen (15) prior sessions of physical therapy. Accordingly, the request for additional physical therapy is not certified, on Independent Medical Review.