

<b>Case Number:</b>	CM13-0046743		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the claim; and extensive periods of time off of work. In a Utilization Review Report dated October 23, 2013, the claims administrator partially certified a request for 12 sessions of physical therapy as nine sessions of physical therapy. It was acknowledged that the applicant was not working. The applicant's attorney subsequently appealed. An October 10, 2013 progress note was notable for comments that the applicant had persistent complaints of neck and shoulder pain, reportedly constant. The applicant was having difficulty performing even basic activities of daily living such as holding a cup of coffee. The applicant was asked to pursue a 12-session course of physical therapy while remaining off of work, on total temporary disability. The applicant's medication list was not provided. On an earlier progress note of August 29, 2013, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant had comorbidities including hypertension, dyslipidemia, and diabetes. Authorization for a shoulder arthroscopy and home health services was sought at this point, along with a 12-session course of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy session to the left shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT) & Physical Medical Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.9792.20f Page(s): 99, 8.

**Decision rationale:** The 12-session course of treatment proposed here, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. In this case, no rationale for treatment in excess of the MTUS parameters was provided. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant has already had unspecified amounts of physical therapy treatment over the course of the claim. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through the same. The applicant is off of work, on total temporary disability. The fact that the attending provider is also concurrently seeking authorization for shoulder surgery implies that earlier conservative treatment, including earlier physical therapy, has been unsuccessful in terms of the parameters established in MTUS 9792.20f. Therefore, the request for an additional 12 sessions of physical therapy is not medically necessary.