

<b>Case Number:</b>	CM13-0047702		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 23 year old, right handed female who at the time of her injury worked for [REDACTED] as an inventory supervisor. Medical records from the treating physician indicate that she was injured while grabbing a box from the sporting goods department. Records indicate that she felt a snap in her left arm. MRI scans of the neck and shoulder were mostly unremarkable as indicated by the medical records. She has been treated with medication, physical therapy and massage. Records indicate that she has persistent complaints of pain in the left side of her neck, left upper back, left midaxillary region, left periscapular region, along with episodes of pain in the left arm, and tingling in all fingers of the left hand. Records indicate that the treating physician has requested EMG/NCV studies to help determine the cause of her ongoing symptoms. There is no indication that the studies were performed and it appears the request was denied by Utilization Review. Records indicate that a utilization review was performed on October 11, 2014 which denied a request for physical therapy 2 times per week for three weeks, in treatment of the left shoulder. I was unable to locate this UR review in the records submitted for this review as well as the PR-2 request from the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 3 weeks (2X3), in treatment of the left shoulder:**  
Upheld

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

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

**Decision rationale:** The injured worker presents with chronic neck and upper extremity complaints dating back to June 28, 2013. The current request is for physical therapy two times per week for three weeks (2x3). The MTUS guidelines recommends physical therapy 8-10 sessions over a period of four weeks for myalgia and neuritis type conditions similar to this injured workers presentation. The injured worker has previously had 8 physical therapy sessions. There is no provided documentation in the records presented which would indicate the need for additional physical therapy. There has been no new injury or diagnosis and the injured worker remains on total temporary disability. There is also no documentation to indicate that functional improvement has been achieved from the previous physical therapy. Physical therapy records indicate that the goal of treatment was to transition the injured worker into an independent exercise program. For this reason the request is not medically necessary.