

<b>Case Number:</b>	CM13-0054279		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of October 29, 2013, the claims administrator partially certified a request for 12 sessions of physical therapy treatment as six-session course of the same, citing non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. In an October 25, 2013 doctor's first report with the new attending provider, the applicant presents with multifocal neck, back, shoulder, and abdominal pain with associated sleep disturbance. There is associated tenderness to touch. The note has been blurred as a result of repetitive photocopying. Naprosyn, tramadol, tizanidine, Restoril, a cold therapy unit, and an interferential unit are endorsed while the applicant is placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy visits two times a week times six weeks for left shoulder, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM,

<https://www.acoempracguides.org/shoulder>, Table 2, Summary of Recommendations, Shoulder Disorders

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

**Decision rationale:** The 12 sessions of treatment being sought here, in and of themselves, represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that it is not clearly stated how much prior treatment the applicant has had over the life of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement and prior treatment is often needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, there was no evidence of functional improvement following completion of prior unspecified amounts of therapy. The applicant's work and functional status are unknown. It does not appear that the applicant has returned to work. Continued pursuit of physical therapy at this late date, several years remote from the date of injury, without any clear goals or clear evidence of functional improvement with prior treatment is not indicated. Accordingly, the request is not certified, on Independent Medical Review.