

<b>Case Number:</b>	CM13-0059605		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/17/2009
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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:

In a utilization review report of November 5, 2013, the claims administrator denied a request for eight sessions of physical therapy, stating that the medical information on file did not support the need for additional formal physical therapy treatment. A handwritten note of June 18, 2012 is notable for comments that the applicant was off of work, at that point in time. The applicant was given a 38% whole person impairment rating through a permanent and stationary report of June 27, 2012. Multiple notes interspersed throughout 2012 and 2013 are notable for comments that the applicant remains off of work, on total temporary disability. It appears that 12 sessions of physical therapy and 12 sessions of acupuncture were requested through a handwritten October 4, 2013 progress note, which was, at times, not entirely legible and difficult to follow. The applicant did report ongoing complaints of neck, elbow, and shoulder pain. An earlier note of September 10, 2013 was also notable for comments that the applicant remained off of work at that point while using Voltaren, Soma, and Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES 4 FOR CERVICAL AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, there must be a demonstration of functional improvement at various milestones in the treatment program so as to justify continued, ongoing treatment. In this case, the applicant has failed to improve appreciably following completion of earlier physical therapy over the life of the claim. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. The applicant remains highly reliant on various medications, including Voltaren, Soma, Lunesta, etc. All of the above, taken together, indicate a lack of functional improvement as defined in the MTUS, despite completion of earlier physical therapy over the life of the claim. The request for physical therapy twice a week for four weeks for the cervical and right shoulder is not medically necessary and appropriate.