

<b>Case Number:</b>	CM14-0011611		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 1/24/12. A utilization review determination dated 1/8/14 recommends non-certification of physical therapy as there were no reported deficits of the cervical spine or right shoulder, no recent flare or exacerbation, and the history of prior PT was not documented. It references a 1/2/14 medical report identifying pain of the cervical spine, right shoulder, right wrist, bilateral knees, and left ankle. On exam, there was minimal decreased cervical ROM with tenderness of the bilateral trapezius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS FOR NECK AND RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

**Decision rationale:** Regarding the request for Physical Therapy two times per week for four weeks for neck and right shoulder, California MTUS cites that "patients are instructed and

expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the employee has a longstanding injury, but there is no documentation of the results of any prior PT utilized for the requested body parts. Additionally, there is no documentation of any significant current functional deficits and why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested Physical Therapy two times per week for four weeks for neck and right shoulder is not medically necessary.