

<b>Case Number:</b>	CM14-0012181		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Maryland. 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:

This is a 35-year-old male with a 12/01/2009 date of injury. A specific mechanism of injury was described. A 1/23/14 determination was non-certified given that the clinical information submitted did not demonstrate medical necessity for further formal physical therapy. A 1/7/14 medical report identified ongoing discomfort in the cervical spine and bilateral shoulders. Exam revealed normal gait and normal arm swing. There was tenderness to palpation of the cervical spine and upper thoracic paraspinal region. There was mild loss of cervical motion. There was good strength throughout the upper extremities. The patient was neurologically intact. The provider stated that the patient has chronic myofascial pain syndrome involving her bilateral trapezius and shoulder girdle extending into her cervical spine. It was noted that the patient had a chronic condition and would have flare ups on a regular basis. The authorization requested was for a brief course of physical therapy. Records indicate that the patient has had eight sessions of physical therapy recently plus additional physical therapy sessions in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY FOR BILATERAL SHOULDERS, TWO TIMES PERWEEK OVER THREE WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient has cervical and shoulder pain. Examination only revealed tenderness with no specific deficits. Records indicate that the patient has had recent physical therapy, yet, no specific functional improvement from such therapy have been documented. In addition, there were no specific functional deficits to address with the requested physical therapy, and in consequence, no goals for therapy. It was not clear why the patient could not follow a well structured home exercise program to address any possible functional deficits. The medical necessity for additional therapy was not substantiated. Therefore, the request is not medically necessary.