

<b>Case Number:</b>	CM14-0013736		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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:

The injured worker is a 39-year-old female with an original industrial injury on May 1st 2013. The injured worker's diagnoses include shoulder pain, thoracic spine strain, cervical spine strain, and chronic neck pain. Conservative treatment to date has included pain medications including anti-inflammatories and gabapentin, and 12 sessions of previous physical therapy. The disputed request is for 8 sessions of physical therapy. A utilization review determination had non-certified this request because there was no documentation of significant and sustained improvement in pain and function from prior treatment with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) to the left shoulder and thoracic spine a total of eight (8) over four (4) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 203.

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

**Decision rationale:** Conservative treatment to date has included pain medications including anti-inflammatories and gabapentin, and 12 sessions of previous physical therapy. There is a

notation in a progress note on January 16, 2014 that the patient had not progressed while in previous physical therapy due to pain. There is also specification that the patient is unable to articulate or demonstrate an appropriate strength or stretching program. However, guidelines recommend tapering physical therapy over time. It is not appropriate to have an additional 8 sessions of physical therapy. If anything, a shorter course should be recommended and the patient should demonstrate functional improvement for continuation of this. Since the independent medical review process cannot modify these requests, the request for 8 sessions of physical therapy is not medically necessary.