

<b>Case Number:</b>	CM14-0124097		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 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:

There were 187 pages provided for review. The item that was modified or denied was physical therapy two times a week for six weeks. The request for independent review was signed on July 18, 2014. Per the records provided, the patient was described as a 47-year-old man who was injured 2 1/2 years ago. The patient has had 20 physical therapy visits. The previous reviewer felt the patient should be proficient at a home exercise program. Two visits were approved as a refresher. There was a February 12, 2014 assessment by [REDACTED]. It was an orthopedic panel qualified medical reevaluation. There was neck pain, right shoulder pain which is improved, right elbow pain, right arm numbness with wrist pain, right thumb pain and left shoulder pain. The patient did have a motor vehicle accident in 2007 or 2008 with admitted neck and low back injuries. He denied any ongoing problems prior to this acute injury. He had extensive treatment for the shoulder including an ER visit. There is still right shoulder pain. He has not worked since the acute injury. There was a recent right shoulder arthroscopic surgery. The medicines are Naprosyn, tramadol, lisinopril, atorvastatin, metformin and aspirin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Medicine.

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

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately not medically necessary and appropriate.