

<b>Case Number:</b>	CM14-0156058		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/12/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Texas. 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 worker is a 55 year old woman involved in a work related injury from 11/12/08. The worker was pushing and pulling packages and developed pain in the neck. The injured worker also developed shoulder pain which was subsequently treated surgically. The worker has had post operative physical therapy and swim therapy, and request is made for additional treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of physical therapy for the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The injured worker has had extensive post operative physical therapy since her surgery and clearly subsequent to that time. The worker states the therapy helps her, but there is not much about a home exercise program. Land exercises could be done via an independent home program and the worker would not require a formal physical therapy program by this time. Notes do not indicate any objective gains yet, as well, and it appears that the care has become maintenance in nature, which is not supported, either. At present, the available

clinical data does not support the appropriateness of more physical therapy. Therefore, the request for Physical Therapy is not medically necessary.