

<b>Case Number:</b>	CM14-0167898		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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, and is licensed to practice in California & Missouri. 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 patient is a 52 year old male who was injured on 08/22/2012. The mechanism of injury is unknown. He has been treated conservatively with 18 sessions physical therapy in the past which he reported improved his symptoms. According to the UR, the patient was seen on 08/26/2014 for complaints of pain in the left shoulder with associated numbness. He rated his pain as a 4-5/10 but reported improvement with physical therapy. There are no therapy notes documenting the patient's progress and improvement in functional ability. Prior utilization review dated 09/13/2014 states the request for 16 Additional physical therapy sessions is not certified as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Additional physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The above MTUS guidelines for ongoing opioid management states "Ongoing review and documentati.

**Decision rationale:** The patient in this case has undergone a total of 18 physical therapy sessions with a request made for an additional 16 sessions. The patient subjectively reported

improvement with treatment, but there is no documentation by the therapist to indicate the need for additional treatment. Given the presenting symptoms and in review of the MTUS guidelines, the prior 18 visits (assuming the therapy rendered was active and not passive) should have been sufficient to achieve the therapeutic goals. Without documentation of improvement and the need for additional therapy to achieve therapeutic goals, the request does not warrant certification. Based on the MTUS guidelines and criteria as well as the clinical documentation (or lack thereof) stated above. The request is not medically necessary.