

<b>Case Number:</b>	CM14-0170236		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 New York and North Carolina. 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 employee is a 44-year-old female school teacher who broke up an altercation between two students on 5/30/14. She twisted and had pain in her neck, bilateral shoulders, low back and buttocks. The patient is appealing the 9/19/14 modification of his treating provider's request for 12 (2 x 6 weeks) visits of physical therapy to 4 visits (2 x 2 weeks). She has had prior physical therapy (5 visits) with only minimal improvement noted as of the last visits, 6/30/14. She is having pain in the neck, shoulder and upper back - tingling, burning, stiffness, stabbing, and warmth. She is noted to have muscle spasm and strain in the shoulder. Shoulder MRI was essentially unremarkable, only showing small glenohumeral joint effusions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for six weeks for the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

**Decision rationale:** The CAMTUS chronic pain guideline allows for physical therapy. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for fading of treatment frequency plus self-directed home therapy. The guidelines for myalgia and myositis best fits her complaints and her treating provider's diagnoses, and that allows for 9-10 visits over 8 weeks. She has already had 5 visits, and there was no benefit. Additional visits do not appear to be medically necessary due to the lack of effectiveness. Therefore, this request is not medically necessary.