

<b>Case Number:</b>	CM14-0172965		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with industrial injury of February 7, 2011. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of extracorporeal shockwave therapy; unspecified amounts of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 18, 2014, the claims administrator failed to approve a request for six sessions of physical therapy for the shoulder. The applicant's attorney subsequently appealed. In a progress note dated July 22, 2014, the applicant was asked to continue tramadol for multifocal neck, low back, bilateral shoulder, and bilateral arm complaints. The applicant was not working, it was acknowledged. Topical compounds, tramadol, and a shoulder surgery consultation were endorsed, while the applicant was kept off of work, on total temporary disability. On August 15, 2013, the applicant received extracorporeal shockwave therapy to multiple body parts. On March 30, 2014, the applicant was asked to continue tramadol and Flexeril for worsening shoulder pain complaints, while remaining off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2 x 3 weeks right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99 8.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that some demonstration of functional improvement is necessary at various milestones in treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, despite having had unspecified amounts of physical therapy over the course of the claim. The applicant remains dependent on various and sundry analgesic medications, including Ultram, Flexeril and various topical compounds. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.