

<b>Case Number:</b>	CM14-0174912		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Family 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:

This injured worker's date of injury is 01/12/2013. This patient receives treatment for chronic neck pain and left shoulder pain, low back pain, and right knee pain. The initial injury occurred when she stretched out a client and then felt a pop in the left shoulder. MRIs of shoulder and neck were negative. The patient received two cycles of physical therapy sessions for the neck and shoulder lasting 12 sessions each. On exam the Hawkin's test is positive on the left shoulder. The patient received two cortisone injections to the left shoulder. Medications taken include: Tylenol #3, baclofen, and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 visits to the Neck and Left Shoulder.:** Upheld

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

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

**Decision rationale:** Physical therapy (PT) is passive therapy. Active therapy is more useful for restoring strength and improves healing of soft tissues. The treatment guidelines require a fading of passive therapy (PT) and a transition to active therapy in the form of supervised home therapy.

The patient has already had two dozen PT sessions. Myalgia and myositis treatment includes 9-10 visits over 8 weeks. There is no documentation to support additional physical therapy, beyond what is recommended under the guidelines. Therefore the request is not medically necessary.