

<b>Case Number:</b>	CM14-0183323		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 neck and shoulder pain reportedly associated with an industrial injury of June 23, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; x-rays of the left shoulder, right shoulder, cervical spine of September 4, 2014, reportedly negative for fracture; and work restrictions. In a Utilization Review Report dated October 20, 2014, the claims administrator approved request for Motrin and Flexeril while denying six sessions of physical therapy. The claims administrator stated that the applicant had had 11 sessions of physical therapy. The MTUS Chronic Pain Medical Treatment Guidelines were invoked. The applicant's attorney subsequently appealed. In a progress note dated September 4, 2014, the applicant reported neck and shoulder pain attributed to cumulative trauma at work. It was stated that the applicant had attended unspecified amounts of physical therapy for the cervical spine and neck, with reported benefit. The claimant stated that she had returned to work after having been off for a weeks. Certain activities such as carrying and lifting were uncomfortable, including at the grocery store. The applicant did have a history of asthma. The applicant did have psychiatric issues. The applicant was obese, standing 5 feet 6 inches tall, weighing 238 pounds. The applicant was exhibited limited cervical range of motion, positive provocative testing about the shoulders, and fairly well-preserved shoulder range of motion with flexion and abduction in the 160- to 168-degree range bilaterally. Some strength deficits were also appreciated. The attending provider suggested that the applicant undergo another six sessions of physical therapy to the shoulder and cervical spines. Work restrictions were endorsed. It was stated that the applicant was working with said limitations in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice (2) a week for three (3) weeks QTY: 6 sessions:** Overturned

**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): 99.

**Decision rationale:** The six-session course of treatment proposed does conform to the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. While the applicant has had 11 prior sessions of treatment, not all of these 11 treatments necessarily transpired during the chronic pain phase of the claim. The applicant is relatively recently removed from the date of injury. The 11 treatments which transpired seemingly took place during the acute and subacute phases of the claim. All information on file points to the applicant's having responded favorably to earlier treatment as evinced by her successful return to and/or maintenance of full-time work status. The applicant is apparently intent on pursuing further non-operative treatment. Continuing physical therapy, thus, would be beneficial here, given the applicant's favorable response to earlier treatment. Therefore, the request is medically necessary.