

<b>Case Number:</b>	CM14-0023979		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/13/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 New Jersey. 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 worker is a 62 year old female who was injured on 4/13/08. She was diagnosed with cervicalgia, complete rupture of rotator cuff, osteoarthritis of the shoulder; brachial neuritis/radiculitis, degenerative thoracolumbar, lumbosacral, and cervical intervertebral disc disease; neck sprain/strain; spinal stenosis in cervical region; sprain/strain of the shoulder; and unspecified disorders of bursae and tendons of the shoulder. She was treated with NSAIDs, opioids, home exercises, physical therapy, oral medications, and shoulder surgery. The most recent progress note was from 1/17/14, when she was the physician's assistant at her orthopedic physician's office, complaining of neck pain headaches and right arm pain despite conservative management. The worker reported constant pain in her neck regardless of her home exercises, and mentioned acupuncture helping in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back, mid back, or neck pain is recommended by the MTUS Guidelines as an option for pain during the early phases of pain treatment. Active therapy is recommended for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for muscle strains/sprains, and 8-10 visits over 4 weeks for back pain with radiculitis/neuritis. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. Regardless of the lack of clarity in the request, no matter which body part the physical therapy was intended for the worker, home exercises have not helped her pain, and it is not clear how many physical therapy sessions she had received in the past for her neck or her back. Supervised therapy is unlikely to help the worker's pain as she will still need to transition to home exercising, which doesn't seem to be working. As such, the physical therapy is not medically necessary.