

<b>Case Number:</b>	CM14-0030950		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/03/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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 injured worker is a 44 year old female who reported injury on 10/03/2010. Mechanism of injury is unknown. No documentation of injured workers complaints. Physical examination revealed upon palpation elicited pain midline C7-T1 and directly over the L AC joint, as well as tenderness throughout the L lower cervical paraspinal musculature, bilateral trapezius, supraspinatus and medial scapular border musculature. The injured workers active range of motion showed flexion of 22 degrees, extension 18 degrees, right lateral bending of 23 degrees, left lateral bending of 23 degrees, right rotation of 32 degrees and left rotation of 36 degrees. The injured worker had been treated with physical therapy, 12 sessions. There were no progress notes submitted of any objective physical findings. There are no medications noted in report. Lack of evidence showing conservative care therapy. The treatment plan is for Physical Therapy, 12 visits (3x/wk x 4 wks). The rationale is for continuing strength. The request for authorization was submitted on 02/04/2014 by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 12 visits (3x/wk x 4 wks): 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 (updated 01/20/2014) Shoulder, Physical Therapy Guidelines.

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

**Decision rationale:** No documentation of injured workers complaints. Physical examination revealed upon palpation elicited pain midline C7-T1 and directly over the L AC joint, as well as tenderness throughout the L lower cervical paraspinal musculature, bilateral trapezius, supraspinatus and medial scapular border musculature. The California Medical Treatment Utilization Schedule (MTUS) guidelines state passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. As above the guidelines state that therapy can provide short term relief. There was no documentation in the submitted report proving that previous therapy sessions were helpful to the injured worker. There was no evidence of any conservative care. Nor was there any notations stating the complaints of the injured worker. With no subjective or objective evidence to go off of the request for Physical Therapy, 12 visits (3x/wk x 4 wks) is not medically necessary.