

<b>Case Number:</b>	CM14-0059601		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a work injury occurring on 08/19/13 after a likely seizure. He was having right shoulder pain and had a history of right shoulder dislocations most recently one week before. Medications were methocarbamol, Keppra, and venlafaxine. He had a posterior right shoulder dislocation which was reduced. He was seen on 09/10/13. He had worsening mid and low back pain. He had completed two therapy sessions. He was taking Percocet. He has a history of prior injury with thoracic spine fractures, thoracic wall contusion, and lumbar spine sprain/strain. Physical examination findings include thoracic and lumbar spine tenderness with decreased lumbar spine range of motion. He was evaluated for physical therapy on 10/10/13. As of 10/31/13 he had completed eight treatment sessions. Treatments included a home exercise program. He was having shoulder tenderness with pain rated at 0-2/10. There had been an overall 20% improvement. He was seen on 01/20/14. He had a history of a prior injury in June 2013 when he had a seizure and had sustained a right shoulder dislocation and spinal compression fractures. He had undergone right shoulder surgery. His recent injury in August 2013 was reviewed. Treatments had included 24 sessions of physical therapy, three chiropractic treatments, and six acupuncture treatments. He was having bilateral shoulder pain rated at 4/10 and numbness, stiffness, weakness, and popping on the right side. He had not returned to work since August. Physical examination findings included cervical and trapezius muscle tenderness and cervical process tenderness. There was decreased and painful cervical spine range of motion. There was bilateral shoulder tenderness with decreased range of motion. There was lumbar spine tenderness with decreased and painful range of motion. He was maintained at temporary total disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for cervical, thoracic lumbar and bilateral shoulders (3x4):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): p98-99.

**Decision rationale:** The claimant has a history of a work-related injury occurring more than one year ago with injuries to the spine and right shoulder. Treatments have included a course of physical therapy with benefit including instruction in a home exercise program. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for shoulder strengthening and range of motion. The claimant has no other identified impairment that would preclude her from performing such a program. Providing additional skilled physical therapy services again does not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. This request is not medically necessary.