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| <b>Case Number:</b>   | CM14-0063770 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 01/30/2012 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 04/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2014 |

### 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 & Rehabilitation, has a subspecialty in 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 sustained a work injury on 01/30/12 while working as a playground aide when she slipped on gravel falling backwards landing on her back and striking her head. Treatments have included right shoulder arthroscopic surgery on 10/05/13 and a course of physical therapy with a total of 36 physical therapy treatments documented from 10/22/13 through 03/05/14. She was seen by the requesting provider on 03/06/14. She was having back pain. She had started walking up to 20 minutes a few times per week. She had initially improved with physical therapy but then had a worsening of symptoms. There is reference to beginning a home exercise program. She had complaints of neck and upper back pain, low back pain with tenderness, aching and tenderness of the right shoulder, and stiffness, headaches, difficulty sleeping, and memory difficulty. Medications are documented as tramadol 300 mg two to three per week, cyclobenzaprine 15 mg two to three per week, Flector every other day, omeprazole 20 mg two to three per week, Naprosyn 550 mg two per week, and hydrocodone-acetaminophen 10/325 mg three to four per week. Physical examination findings included cervical paraspinal, trapezius, rhomboid, and sternocleidomastoid muscle tenderness. There was decreased cervical spine flexion and extension. There was tenderness over the thoracic and lumbar spine with decreased range of motion. Shoulder range of motion was decreased. There was a normal neurological examination. She continued at temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy, 3 times a week, cervical spine for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Physical Medicine Guidelines Page(s): 7, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 2 years status post work-related injury with a total of 36 physical therapy treatments documented from 10/22/13 through 03/05/14. There is no identified new injury or impairing event. 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. 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. Therefore the request is not medically necessary.

**Physiotherapy, 3 times a week, right shoulder for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Physical Medicine Guidelines Page(s): 7, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and 8 months status post right shoulder arthroscopic surgery with a total of 36 physical therapy treatments documented from 10/22/13 through 03/05/14. 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 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. Therefore the request is not medically necessary.

**Physiotherapy, 3 times a week, right elbow for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Physical Medicine Guidelines Page(s): 7, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 2 years status post work-related injury with a total of 36 physical therapy treatments documented from 10/22/13 through 03/05/14. There is no identified new injury or impairing event. 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, therapy putty, and self-applied modalities. 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. Therefore the request is not medically necessary.