

<b>Case Number:</b>	CM14-0075812		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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, 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:

This patient sustained an injury on 7/18/13. Request under consideration include Physical Therapy twelve (12) visits right shoulder/neck. Diagnoses include Neck sprain/strain and shoulder/upper arm sprain/strain. Report of 6/12/14 from the orthopedic provider noted the patient continues with right shoulder and neck pain. It was noted the patient stated that physical therapy thus far has been of limited benefit. Exam of right shoulder showed consistent myofascial trigger point; tight tender band at trapezius with focal tenderness about 1cm; mild crepitus with abduction and rotation of shoulder without significant painful arc; good strength maintained on rotator cuff testing; negative Speed's and apprehension testing. Diagnoses was symptomatic myofascial right shoulder pain with focal trigger point. Treatment plan was for TPI and renewal of therapy with continued unchanged modified duty. The request for Physical Therapy twelve (12) visits right shoulder/neck was non-certified on 4/29/14 citing guidelines criteria and lack of medical necessity

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twelve (12) visits right shoulder/neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** Review indicated the patient has completed 6 PT visits with another 6 sessions authorized for total of approximately 12 sessions without documented functional benefit per follow-up report of 6/12/14 from the requesting provider. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The Physical Therapy twelve (12) visits right shoulder/neck is not medically necessary and appropriate.