

<b>Case Number:</b>	CM13-0017276		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 50-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 30, 2010. In a Utilization Review Report dated August 6, 2013, the claims administrator failed to approve request for 12 sessions of physical therapy for the shoulder and cervical spine. The claims administrator referenced an RFA form received on July 29, 2013. The claims administrator contended that the applicant had had extensive prior physical therapy treatment. The applicant's attorney subsequently appealed. In a February 20, 2013 progress note, the applicant reported persistent complaints of neck and shoulder pain. The applicant was placed off of work, on total temporary disability for three weeks. Ambien was endorsed. The applicant was asked to return to regular duty work effective March 13, 2013. On July 12, 2013, the applicant was returned to regular duty work, despite ongoing complaints of neck and shoulder pain. On August 2, 2013, the applicant was, once again, returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER AND CERVICAL SPINE, 3 X WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** No, the request for 12 additional sessions of physical therapy for the shoulder and cervical spine was not medically necessary, medically appropriate, or indicated here. The 12 session course of treatment proposed, in and of itself, represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incidentally noted, further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has already returned to regular duty work, had minimal residual impairment appreciated on several office visits and should, thus, be likewise capable of transitioning to self-directed home physical medicine without the lengthy formal course of physical therapy proposed here. Therefore, the request was not medically necessary.