

<b>Case Number:</b>	CM14-0200400		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for bilateral shoulder, neck, and low back pain reportedly associated with an industrial injury of May 23, 2011. In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. The claims administrator stated that its decision was based on an October 23, 2014 progress note and an associated RFA form of November 3, 2014. The applicant's attorney subsequently appealed. In a progress note dated September 12, 2014, the applicant reported ongoing, multifocal complaints of shoulder, neck, and low back pain. The applicant had recently completed physical therapy, it was acknowledged. Twelve additional sessions of physical therapy were sought. It was stated that the applicant was still struggling with range of motion and function. The applicant was described as retired. The applicant reportedly had residual symptoms, weakness, and limited range of motion about the injured shoulder. It was not explicitly stated what the goals of the additional physical therapy were. In a medical-legal evaluation dated June 11, 2014, the applicant reported ongoing multifocal complaints of neck and shoulder pain. The applicant was status post earlier multilevel cervical fusion surgery, it was acknowledged. The applicant was overweight, standing 5 feet 6 inches tall and weighing 210 pounds. The medical-legal evaluator imposed permanent work restrictions. The medical-legal evaluator noted that the applicant had remained off of work for some time. The medical-legal evaluator posited that the bulk of the applicant's symptoms were a function of cumulative trauma at work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2x6 Bilateral Shoulder, Cervical, and Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Physical Medicine topic Page.

**Decision rationale:** 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, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. All of the foregoing, taken together, suggests a lack of continuing or ongoing functional improvement as defined in MTUS 9792.20f, despite unspecified prior physical therapy over the course of the claim. Therefore, the request for additional Physical Therapy is not medically necessary.