

<b>Case Number:</b>	CM14-0201192		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of June 13, 2013. A utilization review determination dated November 10, 2014 recommends noncertification of physical therapy. Noncertification is recommended due to significant physical therapy in the past and no statement indicating why an independent program of home exercise would be insufficient to address any remaining issues. A progress report dated October 27, 2014 identifies subjective complaints of neck pain, shoulder pain, and low back pain. Physical examination reveals normal strength in the upper extremities, decreased range of motion in the right shoulder and left shoulder, and decreased strength in some lower extremity muscles. Diagnoses include C-5-6 and C6-7 disc degeneration, bilateral cervical radiculopathy, status post cervical fusion, closed head injury, lumbar radiculopathy, and depression/anxiety. The treatment plan states that the patient "noted improvement in his bilateral shoulder symptoms of physical therapy." Additional therapy is therefore requested to train the patient in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions for the right shoulder, 2x3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, and Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, if the patient simply needs a refresher on a home exercise program, this would likely be able to be accomplished in 2-3 sessions of therapy. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.