

<b>Case Number:</b>	CM14-0208087		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 56 year old female who was injured on 6/6/14 after slipping and falling, involving her neck. She was diagnosed with contusion of the right chest wall, abdominal pain, right shoulder rotator cuff tear, cervicalgia, and spine stiffness. She was treated with physical therapy (11 completed sessions), modified work duty, and medication. On 10/22/14, the worker was seen by her orthopedic physician reporting pain in her right shoulder, low back, and right knee. She reported using medications and ice for her pains. She was then recommended to have an MRI of the lumbar spine, to perform home exercises for her shoulder and attend an additional 9 sessions of supervised physical therapy for her shoulder and back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 3 weeks for the right shoulder, right upper back, and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Low Back and Neck & Upper Back

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back or shoulder is recommended by the MTUS Guidelines as an option for chronic lower back or shoulder pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or shoulder pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed at least 11 sessions of physical therapy for these injuries without any follow-up report stating an inability to perform home exercises. There was no evidence to suggest this worker would not be able to continue the physical therapy unsupervised and via home exercises at this point. Therefore, the additional physical therapy sessions are not medically necessary.