

<b>Case Number:</b>	CM15-0007212		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 61 year old male, who sustained an industrial injury on 12/16/11. He has reported pain in the back and right shoulder. The diagnoses have included post-traumatic cervical spine sprain, post- traumatic right shoulder sprain and post-traumatic lumbar spine strain. Treatment to date has included MRI of the cervical and lumbar spine, physical therapy, right shoulder surgery and oral medications. As of a PR2 on 12/23/14, the injured worker reports pain in the back and right shoulder. He is using a single point cane without difficulty. The case file contains multiple physical therapy notes, but no evaluation of progress. The injured worker had already received 74 physical therapy sessions. Per the doctor's note, dated 1/06/15 patient had complaints of pain in neck and right shoulder at 8-9/10 that was radiating to right arm and hand. Physical examination of the right shoulder revealed limited range of motion and positive Neer and Hawkin's test, tenderness on palpation, atrophy of the deltoid musculature and 5/5 strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for c-spine/l-spine/t-spine/right shoulder 3 x wk x 6 wks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Neck & Upper Back and Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy ? Page(s): 98.

**Decision rationale:** Request: Physical therapy for c-spine/l-spine/t-spine/right shoulder 3 x wk x 6 wks The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The injured worker had already received 74 physical therapy sessions. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy for c-spine/l-spine/t-spine/right shoulder 3-x wk x 6 wks is not fully established for this patient.