

<b>Case Number:</b>	CM15-0103665		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female, who sustained an industrial injury on 6/15/2011. She reported preventing someone from falling subsequently developing acute pain in the neck, shoulders, and upper back. Diagnoses include cervical sprain and derangement of joint, shoulder. She is status post right shoulder surgery in 2011 and left shoulder surgery in January 2014. Treatments to date include activity modification, anti-inflammatory, and physical therapy. Currently, she complained of ongoing left shoulder pain. On 4/8/15, the physical examination documented tenderness and muscle spasm to the paraspinal muscles. The shoulders were also tender with positive impingement signs bilaterally. The records indicated physical therapy to the right shoulder and neck was helpful in reducing pain and there had been no previous therapy to the left shoulder. The plan of care included physical therapy three times weekly for four weeks for treatment of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 3 times wkly for 4 wks, 12 sessions, for Right Shoulder/ Neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy, 3 times wkly for 4 wks, 12 sessions, for Right Shoulder/ Neck is not medically necessary and appropriate.