

<b>Case Number:</b>	CM15-0109439		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/16/2002
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63-year-old female, who sustained an industrial injury on 11/16/2002. She has reported subsequent low back, neck and right upper extremity pain and was diagnosed with lumbago, cervical neck strain, cervical disc disease of C5-C6, radicular syndrome of the right upper extremity, status post right shoulder arthroscopy and rotator cuff repair, status post arthroscopy of the right wrist with synovectomy. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 03/03/2015, the injured worker complained of pain in the right arm and shoulder. Objective findings were notable for guarded and painful range of motion of the shoulder and cervical spine. Notes submitted multiple physical therapies for the lumbar spine some of which document no objective improvement and some, which document slow improvement. A request for authorization of 8 additional sessions of physical therapy for the low back was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the low back (x8): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2002. She continues to be treated for neck, shoulder, and right arm pain. Completion of eight physical therapy treatments in January 2015 is documented. When seen, there was decreased cervical spine and shoulder range of motion with pain. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and the claimant recently had physical therapy without apparent sustained improvement. The request is not medically necessary.