

<b>Case Number:</b>	CM15-0142886		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/18/2004
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 58 year old female, who sustained an industrial injury on 5-18-2004. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral shoulder sprain-strain and thoracic myofascial strain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, home exercises and medication management. In a progress note dated 6-19-2015, the injured worker reports improvement in with physical therapy and feels like more would be beneficial. Physical examination showed bilateral shoulders within normal limits with the exception of near full range of motion with the left shoulder with no palpable tenderness. The treating physician is requesting 6-12 sessions of physical therapy to the thoracic spine and shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy six to twelve sessions, Thoracic Spine, Shoulders QTY: 12: Upheld**

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

**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 May 2004 and continues to be treated for bilateral shoulder and thoracic pain. Recent treatments have included physical therapy with completion of 10 treatments as of 05/19/15 when seen, she had completed physical therapy treatments. She was compliant with the recommended home exercise program. She was continuing to take Flexeril. Physical examination findings included nearly full left shoulder range of motion. There was decreased right shoulder internal and external rotation. There were no 10 to points. There was full thoracic spine range of motion without pain. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy and is performing a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments and this request does not reflect a fading of treatment frequency. The request is not medically necessary.