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| <b>Case Number:</b>   | CM15-0143033 |                              |            |
| <b>Date Assigned:</b> | 08/03/2015   | <b>Date of Injury:</b>       | 04/10/2015 |
| <b>Decision Date:</b> | 09/01/2015   | <b>UR Denial Date:</b>       | 07/14/2015 |
| <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: California

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 54 year old male, who sustained an industrial injury on 4-10-2015. The mechanism of injury was not noted. The injured worker was diagnosed as having sprain of neck. Treatment to date has included diagnostics and medications. On 4-20-2015, the injured worker complains of reported ongoing mild discomfort for his right shoulder contusion. He stated that medication provided moderate relief. He stated that he had full range of motion without pain or discomfort. He stated that he was able to perform his full and usual duties without difficulties. Toxicology testing was positive for illicit substances on 4-10-2015. It was opinionated that if not for illicit drug abuse, the injury would not have occurred. The current treatment plan included physiotherapy, 2x6. An updated progress report with changes in subjective complaints or objective findings was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy at 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the 6-visit trial recommended by ODG, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.