

<b>Case Number:</b>	CM15-0143667		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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(n) 47-year-old female, who sustained an industrial injury on 12-14-13. She reported pain in her neck, shoulder and low back after a slip and fall accident. The injured worker was diagnosed as having bilateral shoulder impingement syndrome, cervical strain, thoracic strain and lumbar strain. Treatment to date has included a cervical MRI on 12-22-14; a lumbar MRI on 5-15-14, physical therapy x 6 sessions in 2014, Norco, Neurontin and Ativan. As of the PR2 dated 6-24-15, the injured worker reports continued pain in both shoulders. The pain increases with activities. Objective findings include bilateral forward flexion 150 degrees, bilateral abduction 150 degrees and bilateral external rotation 70 degrees. The treating physician also noted a positive Hawkins and Neer test in both shoulders. The treating physician requested physical therapy x 1 session for the cervical and lumbar spine and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1x Wk x 1Wks, cervical and lumbar spine, bilateral shoulders:**

Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional 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, it appears the patient has had a few therapy sessions previously. There is documentation that those therapy sessions made the patient feel better, but minimal documentation of objective functional improvement. However, it does not appear the patient has had any recent physical therapy. One session of therapy to refresh the patient in a home exercise program seems reasonable. As such, she currently requested additional therapy is medically necessary.