

<b>Case Number:</b>	CM15-0147005		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/31/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 72-year-old female, who sustained an industrial injury on 5-31-2007. The medical records submitted for this review did not include details regarding the initial injury or prior treatments to date. Diagnoses include chronic intractable pain, cervical stenosis and radiculopathy. Currently, she complained of neck pain that radiates down bilateral upper extremities associated with numbness. On 5-27-15, the physical examination documented cervical tenderness with numbness in bilateral upper extremities. Positive impingement sign was noted with tenderness in the right shoulder. The plan of care included a request to authorize eight physical therapy sessions, twice a week for four weeks to treat the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 4 weeks for the right shoulder:** Upheld

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

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy (of which 8 sessions were previously attended by the injured worker). There is no comprehensive summary of what functional benefit the worker gained from PT. Therefore, additional physical therapy is not medically necessary.