

<b>Case Number:</b>	CM15-0148096		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a February 16, 2012 date of injury. A progress note dated June 15, 2015 documents subjective complaints (constant pain in the left shoulder; no radiating pain; ongoing chronic neck pain), objective findings (limited and slightly painful range of motion of the cervical spine; positive impingement tests on the left; positive crepitus on the left), and current diagnoses (possible rotator cuff tear of the left shoulder; rotator cuff tendinitis; impingement). Treatments to date have included physical therapy, cervical spine fusion, imaging studies, and chiropractic treatments. The treating physician documented a plan of care that included twelve sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice per week for 6 weeks, 2 x 6:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was not documented) was completed with no documented improvement in pain or function. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Maximum number of PT sessions are per guidelines is 10sessions which is exceeded by this request alone, much less in addition to prior therapy. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions is not medically necessary.