

<b>Case Number:</b>	CM15-0165105		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/10/2015
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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

### 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 63-year-old female, who sustained an industrial injury on June 10, 2015, incurring neck, shoulder and low back injuries. He was diagnosed with cervical disc disease, cervical spine radiculitis, lumbar spine disc disease, and right shoulder impingement syndrome with trapezius sprain. Treatment included physical therapy, chiropractic sessions, acupuncture, activity restrictions, pain medications, muscle relaxants, neuropathic medications, proton pump inhibitor, and topical analgesic compound cream. Currently, the injured worker complained of persistent neck pain with a pain scale of 8 out 10, upper back pain 9 out of 10, low back pain 7 out of 10 and bilateral shoulder pain 9 out of 10. She noted increased weakness and decreased range of motion. She had muscle tenderness and occasional muscle spasms causing chronic pain interfering with her activities of daily living. The treatment plan that was requested for authorization on August 12, 2015, included physical therapy two times a week for six weeks for the right shoulder and bilateral wrists. On August 12, 2015, utilization review denied the request for further physical therapy.

### 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 6 weeks for the right shoulder and bilateral wrists:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Forearm, Wrist & Hand, Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 6 weeks for the right shoulder and bilateral wrists is not medically necessary and appropriate.