

<b>Case Number:</b>	CM15-0167728		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/20/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Massachusetts

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 71 year old female, who sustained an industrial injury on 4-20-15. She reported pain in the head, neck, low back, knee, and shoulders. The injured worker was diagnosed as having sprain or strain of the shoulder. Treatment to date has included chiropractic treatment and physical therapy for the neck and back and medication. On 8-4-15 the treating physician noted the shoulder was becoming more symptomatic. Currently, the injured worker complains of shoulder pain. The treating physician requested authorization for physical therapy to the shoulder 3x2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the shoulder, three times a week for two weeks (3x2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Low Back & Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in April 2015 and continues to be treated for neck and low back pain. When seen, there had been a 90% improvement. She was having flare-ups of chronic pain throughout her entire back. She was working without restrictions. There was a normal examination of the cervical and lumbar spine. There was a normal neurological examination. An additional six physical therapy treatments were requested. Prior treatments have included 15 physical therapy treatments. In terms of physical therapy for a cervical or lumbar strain / sprain, guidelines recommend up to 10 treatment sessions over 8 weeks. Concurrent treatments would be expected. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, when requested, there was no documented impairment or specific therapeutic content requested. The number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.