

<b>Case Number:</b>	CM15-0180044		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/15/1997
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Pennsylvania, Ohio, 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 51 year old male, who sustained an industrial injury on 03-15-1997. The injured worker is currently working regular duty. Medical records indicated that the injured worker is undergoing treatment for cervical degenerative disc disease and right shoulder rotator cuff tendinopathy. Treatment and diagnostics to date has included physical therapy. In a progress note dated 07-09-2015, the injured worker reported neck and right shoulder pain and states he is "doing better with physical therapy" and "it has been helpful for headaches and neck symptoms". Objective findings included mild tenderness to the right trapezius, forward flexion of the cervical spine is chin to chest, extension is 45 degrees, side bending is 40 left and right, rotation is 80 degrees right and left, mild discomfort with impingement of the right shoulder with 180 degrees flexion, 50 degrees extension, 180 abduction, 50 degrees adduction, 80 degrees internal rotation, and 70 degrees external rotation to bilateral shoulders. The treating physician noted that "the plan is for completion of his physical therapy and transition to home exercise program". No physical therapy notes were noted in received medical records. The Utilization Review with a decision date of 08-20-2015 denied the request to continue physical therapy 2 times a week for 4 weeks, right shoulder region and continue physical therapy 2 times a week for 4 weeks, neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy 2 times a week for 4 weeks, right shoulder region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

**Continue physical therapy 2 times per week for 4 weeks, neck pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.