

<b>Case Number:</b>	CM15-0188667		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury on 3-28-14. The injured worker is being treated for lumbar spine strain, right shoulder strain and left shoulder strain. Treatment to date has included previous physical therapy without documentation as to how many sessions or improvement in pain or functionality resulting from therapy. On 8-4-15, the injured worker complains of low back pain and right and left shoulder arm pain. He is currently not working. Physical exam performed on 8-4-15 revealed light touch sensation of right anterior thigh, right lateral calf and right lateral ankle are all intact. The treatment plan included request for physical therapy 12 sessions of lumbar spine and bilateral shoulders. On 8-25-15 request for 12 sessions of physical therapy was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twice a week for six weeks, for the left shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Online Version, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant had undergone an unknown amount of therapy in the past. Response to therapy is unknown. There is no indication that additional cannot be performed at home. The request for 12 additional sessions of therapy is not medically necessary.