

<b>Case Number:</b>	CM15-0189918		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 59 year old female who sustained an industrial injury on 12-26-2013. A review of medical records indicates the injured worker is being treated for status post open reduction and internal fixation of highly comminuted left distal radius and ulna fracture, intraarticular with postoperative fibrosis, left shoulder contusion with full thickness rotator cuff tear with 15 mm retraction, medial subluxation of the biceps tendon consistent with subscapularis partial tear, and labral degenerative changes, left shoulder arthroscopic subacromial decompression, mumford, rotator cuff repair, and biceps tenotomy, and cervical degenerative disc disease, C5-6. Medical records dated 8-5-2015 noted left wrist pain that was unchanged since her prior visit. Left shoulder and neck pain was rated a 4-5 out of 10 and unchanged since her prior visit. The left wrist has difficulty with gripping and twisting. With regards to activity of daily living she has difficulty with lifting light items to chest level, reaching behind. Folding clothes, and with cleaning the house. Physical examination noted cervical flexion at 40 degrees, extension at 40 degrees, and rotation at 70 degrees bilaterally. She complained of left trapezial area pain. Shoulder abduction was 0-180 degrees bilaterally, forward flexion was 0-180 degrees, extension was 40 degrees bilaterally, adduction was 30 degrees bilaterally. There was minimal tenderness about the shoulder. Treatment has included Norco and 4 sessions of physical therapy with temporary pain relief. Utilization review form dated 9-9-2015 noncertified 12 physical therapy session for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, neck, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Physical 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 chronic 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 Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant 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 chronic 2013 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, neck, 12 sessions is not medically necessary and appropriate.