

<b>Case Number:</b>	CM15-0195114		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/20/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Hawaii

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 38 year old female who sustained an industrial injury 05-20-15. A review of the medical records reveals the injured worker is undergoing treatment for status post blunt head injury with loss of consciousness, cervical, thoracic, and lumbar spine musculoligamentous strain sprain; rule out cervical and lumbosacral spine discogenic disease, rule out right shoulder rotator cuff tear, and right shoulder sprain and strain bursitis, tendinosis, impingement, and capsulitis per MRI (06-15-15). Medical records (08-27-15) reveal the injured worker complains of headaches rated as 9/10, mid-upper back pain rated at 9/10 neck pain rated at 8/10, lower back pain rated at 9/10, and right shoulder pain rated at 6/10. All sites show increased pain from the last visit, with the exception of right shoulder pain which has decreased from 8-9/10 on the last visit. The physical exam (08-27-15) reveals tenderness to palpation in the cervical, thoracic, and lumbar spines and bilateral shoulders with restricted range of motion noted in the cervical and lumbar spines as well as the bilateral shoulders. Impingement and Supraspinatus tests are positive in the shoulders. Prior treatment includes physical therapy. The original utilization review (09-14-15) non certified the request for 12 additional sessions of physical therapy to the total spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy for Total Spine and Right Shoulder 3x4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The patient presents with pain affecting the cervical spine, thoracic spine, lumbar spine, and right shoulder. The current request is for Additional Physical Therapy for Total Spine and Right Shoulder 3x4. The requesting treating physician report dated 8/27/15 (3B) provides no rationale for the current request. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 18 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the current request of an additional 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.