

<b>Case Number:</b>	CM15-0196738		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 28-year-old male, who sustained an industrial injury on 6-19-14. The injured worker was diagnosed as having cervical musculoligamentous strain and sprain with radiculitis, cervical spine discogenic disease, left shoulder strain and sprain, rule out left shoulder rotator cuff tear, left wrist strain and sprain, left wrist tenosynovitis, left hand strain and sprain, left knee strain and sprain, and rule out left knee internal derangement. Treatment to date has included an unknown number of physical therapy visits, acupuncture, chiropractic treatment, and medication including Ibuprofen. Physical examination findings on 9-3-15 included no tenderness to palpation over the cervical paraspinal muscles, left shoulder, left wrist, left hand, or left knee. On 9-3-15, the injured worker complained of pain in the neck and left shoulder rated as 4 of 10. On 9-3-15, the treating physician requested authorization to continue physical therapy for evaluation and treatment for the cervical spine and left shoulder. On 10-1-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy for evaluation and treatment for the cervical spine and left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 June 2014 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 Continue physical therapy for evaluation and treatment for the cervical spine and left shoulder is not medically necessary and appropriate.