

<b>Case Number:</b>	CM15-0197990		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	01/10/2008
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old male, who sustained an industrial injury on January 10, 2008. The injured worker was diagnosed as having bilateral shoulder strain, cervical and lumbar spine radiculopathy and insomnia and gastropathy secondary to anti-inflammatories. On August 4, 2015, the injured worker complained of cervical spine, bilateral shoulder and lumbar spine pain. He rated his pain as a 10 on a 1-10 pain scale without medications and a 5-6 on the pain scale with medications. Physical examination showed bilateral shoulder range of motion at a four plus out of five for abduction. On September 1, 2015, the injured worker complained of cervical spine pain with radiation to both shoulders. Physical examination of the cervical spine revealed decreased range of motion. Some of the handwritten progress report was illegible. The treatment plan included medications and physical therapy two times a week for four weeks to the cervical spine and bilateral shoulders. On September 21, 2015, utilization review denied a request for extension physical therapy cervical/bilateral shoulders eight visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension physical therapy cervical/bilateral shoulders 8 visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The injured worker sustained a work related injury on January 10, 2008. The medical records provided indicate the diagnosis of bilateral shoulder strain, cervical and lumbar spine radiculopathy and insomnia and gastropathy secondary to anti-inflammatories. Treatments have included medications and physical therapy two times a week for four weeks to the cervical spine and bilateral shoulders. The medical records provided for review do not indicate a medical necessity for Extension physical therapy cervical/bilateral shoulders 8 visits. The MTUS recommends a fading treatment of 8-10 visits over 4-weeks followed by home exercise program. According to the utilization report, the injured worker did not finish a previously approved sessions of physical therapy. The MTUS states, to achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. They must work within their medical restrictions, and refuse unreasonable requests by coworkers. The requested treatment is not medically necessary due to lack of compliance with previous approved physical therapy sessions.