

<b>Case Number:</b>	CM15-0201163		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old female, who sustained an industrial injury on 5-16-14. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; status post right shoulder injection (6-10-15); medications. Currently, the PR-2 notes dated 8-18-15 indicated the injured worker complains of neck pain radiating to her right upper extremity and right shoulder pain. She is complaining of neck pain radiating to the right upper extremity and right shoulder pain and is tolerating the pain with use of her medications. The quality of the pain is described the injured worker as: aching, dull, numb, shooting, throbbing and tingling. The severity of pain is documented by the provider as "Patient rates her pain as 8 on a scale of 0 to 10. Pain with medications is a 6 on a scale of 0 to 10 and without medications is a 8 on a scale of 0 to 10." Medications are listed as: Ultram ER, Naproxen and topical rubs. The provider's treatment plan includes a request for physical therapy and massage therapy. A procedure note indicates the injured worker is a status post right shoulder injection of 6-10-15. The medical documentation for the year 2015 do not clarify or define how many physical therapy sessions the injured worker may have had or the benefit. The PR-2 notes submitted for 2015 vary only slightly in pain intensity with no resolution of pain. A Request for Authorization is dated 10-13-15. A Utilization Review letter is dated 9-18-15 and non-certification for Physical therapy 3x a week for 4 weeks for the neck and right shoulder. A request for authorization has been received for Physical therapy 3x a week for 4 weeks for the neck and right shoulder.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 3x a week for 4 weeks for the neck and right shoulder:** Upheld

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

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

**Decision rationale:** Physical therapy 3x a week for 4 weeks for the neck and right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT however it is not clear how many sessions for the right shoulder or neck the patient has had or the efficacy of this therapy. There are no extenuating factors which would necessitate exceeding the MTUS recommended number of visits for this condition. For all of these reasons the request for 12 PT sessions is not medically necessary.