

<b>Case Number:</b>	CM15-0201293		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/10/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for shoulder, neck, arm, and hand pain reportedly associated with an industrial injury of June 10, 2015. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve a request for an additional nine sessions of physical therapy for the shoulder and neck. A September 21, 2015 office visit was referenced in the determination. The claims administrator contended that the applicant had received 14 physical therapy treatments through the date of the request. The applicant's attorney subsequently appealed. On said September 21, 2015 office visit, the applicant reported 7-8/10 neck and shoulder pain complaints. The note was difficult to follow as it mingled historical issues with current issues to a considerable degree. It was stated that the applicant denied any significant improvement since the preceding visit. Tenderness about the neck region was noted. The applicant exhibited a full range of motion about the same. The applicant exhibited diminished shoulder abduction secondary to pain. Additional physical therapy, work restrictions, Flexeril, and Motrin were all seemingly endorsed at this point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 3 x 3 weeks, Right Shoulder and Neck: 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, Introduction.

**Decision rationale:** No, the request for nine sessions of physical therapy for the neck was not medically necessary, medically appropriate, or indicated here. The applicant has had prior treatment (14 sessions, per the claims administrator), seemingly in excess of the 9 to 10 session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. While it was acknowledged that not all these treatments necessarily transpired during the chronic pain phase of the claim, this recommendation is nevertheless qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, work restrictions were renewed, unchanged from previous visit, on September 21, 2015. The applicant, per her own self-report, was not significantly improved on September 21, 2015. The applicant remained dependent on several analgesic medications to include Motrin and Flexeril, the treating provider reported. Significant shoulder range of motion constraints were reported. All of the foregoing, taken together, suggested that the applicant had effectively plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of 14 prior sessions of physical therapy. Therefore, the request for additional physical therapy was not medically necessary.