

<b>Case Number:</b>	CM15-0207929		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Connecticut, California, Virginia  
 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 47 year old female, who sustained an industrial injury on 6-28-2012. The injured worker was being treated for cervical strain with spondylosis and bilateral shoulder strain. Treatment to date has included diagnostics, physical therapy (at least 5 sessions), and medications. On 8-18-2015, the injured worker complains of an exacerbation of neck and shoulder pain. She requested a refill of Ibuprofen and inquired about having physical therapy, "which seemed to have helped". Pain ranged from 3-8 out of 10, and was rated 6 without medication and 4 with medication. She reported difficulties with activities of daily living and changing positions and had limitations with housework, yardwork, and sleeping. She reported that she was working and work status was modified. Medication use included Losartan, Zoloft, Janumet, Lamictal, Ibuprofen, and Gabapentin. Exam of the cervical spine noted complaints of pain when she looked straight up. Exam of the shoulders noted pain at extreme of range of motion. Progress reports from previous physical therapy sessions were not submitted. The treatment plan included physical therapy for the bilateral shoulders, 2x4, modified by Utilization Review to additional physical therapy to the shoulders x6 sessions on 9-29-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for four (4) weeks for the bilateral shoulders: 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): Manual therapy & manipulation.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic knee or shoulder pain. At this point the patient is over three years from the initial date of injury and with no objective evidence to indicate an acute re-injury or exacerbation, making the shoulder pain chronic in nature. Without strong evidence for physical therapy being beneficial in chronic cases of shoulder pain and having already had at least five sessions of PT in the past, medical necessity of further physical therapy can not be justified as any greater than a home exercise program emphasizing education, independence, and the importance of on-going exercise. The MTUS guidelines indicate a time to produce effect of 4-6 treatments with respect to manual therapy and manipulation, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the modification by utilization review to allow for six visits is reasonable. Therefore, the request for a total of 8 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.