

<b>Case Number:</b>	CM15-0027722		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/06/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: 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 chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of June 6, 2009. In a utilization review report dated January 13, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the shoulder. The claims administrator referenced a variety of MTUS and non-MTUS Guidelines in its determination. The claims administrator referenced a January 2, 2015 progress note in its determination. The claims administrator stated that the applicant was status post shoulder surgery but did not state when the surgery in question had transpired. The applicant's attorney subsequently appealed. In a progress note of January 2, 2015, the applicant reported ongoing complaints of shoulder and neck pain. The applicant was using a TENS unit, Duexis, Tylenol, and unspecified topical compounds. The applicant was asked to continue permanent work restrictions. 5/5 motor function was appreciated about the upper and lower extremities. It did not appear that the applicant was working with previously imposed permanent limitations. Additional physical therapy was proposed while the applicant's medications were renewed. In an earlier note dated June 25, 2014, the applicant again reported ongoing complaints of neck, low back, and shoulder pain. The applicant's permanent work restrictions were again seemingly endorsed and/or renewed. It was not explicitly stated whether the applicant was or was not working with said permanent limitations in place. In a handwritten progress note dated September 26, 2014, the applicant was asked to pursue additional physical therapy for various body parts while remaining off of work, on total temporary disability. On

progress notes of November 10, 2014 and December 1, 2014, the applicant was, once again, placed off of work, on total temporary disability.

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

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

**Physiotherapy 2 times a week for 3 weeks (6 sessions) right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Chapter: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

**Decision rationale:** No, the request for six sessions of physical therapy for the shoulder is not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. The applicant has had unspecified amounts of physical therapy over the course of the claim, including prior physical therapy treatment in late 2014 alone. The applicant failed to respond favorably to the same. The applicant remained off of work, on total temporary disability, as suggested in several progress notes of late 2014, referenced above. The applicant's secondary treating provider seemingly suggested that the applicant was not working following the imposition of permanent work restrictions in progress notes of early 2015, also referenced above. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier unspecified amounts of physical therapy. The attending provider did not, furthermore, outline clear goals of further physical therapy treatment, going forward. Therefore, the request is not medically necessary.