

<b>Case Number:</b>	CM15-0028660		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Florida, New York, Pennsylvania  
Certification(s)/Specialty: Family Practice

### 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 related injury on 6/6/14. The injured worker had complaints of right flank and left scapular area pain. Diagnoses included shoulder and upper arm sprain/strain, thoracic sprain/strain, and other sprains/ strains. Treatment included physical therapy. Medications included Naproxen and Ibuprofen. The treating physician requested authorization for 16 physical therapy sessions. The request was non-certified on 2/13/15. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker attended physical therapy from 6/18/14 to 7/17/14. Additional physical therapy would exceed guideline recommendations. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, physical therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195, 196, 203, Chronic Pain Treatment Guidelines part 2 Page(s): 98, 99.

**Decision rationale:** The perception of pain is subjective. It cannot be readily validated or objectively measured. Subjective reports of pain severity may not correlate well with its functional impact. It is essential to understand the extent that function is impeded by pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. For any acute sprain/strain/contusion physical therapy can be beneficial and ensure the appropriate application and supervision/guidance of various modalities of care. Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective home exercise program. A formal program of 8-10 visits to PT over the course of 4 weeks can be supported in the acute situation. We are advised to allow for fading of treatment frequency from 3 times per week to 1 or less. Documentation of a flare may be justification to consider another course of treatment. A brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. There doesn't appear to be any reason that the member could not continue with a home exercise program. Having already attended a full course of PT the use of another full course in this situation cannot be supported. The UR Non-Cert for 16 PT sessions is supported.