

<b>Case Number:</b>	CM15-0030919		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/12/1996
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female, who sustained an industrial injury on 2/12/1996. The mechanism of injury was not noted. The diagnoses have included shoulder and upper arm injury, complex regional pain syndrome of left upper extremity, neck, and upper thoracic region, and pain induced depression. Treatment to date has included conservative measures. Currently, the injured worker complains of myofascial pain. The progress note, dated 1/05/2015, noted that she maximized her independent exercise program and will need physical therapy. Physical therapy was documented as beneficial in the past, but specific dates, treatments, or results were not noted. Activities of daily living remained limited due to chronic pain, but continued to be stable with her current medication regime. She appeared upset and anxious due to chronic pain. Exam of the cervical spine noted tenderness to palpation and taut bands at myofascial trigger points, with twitch responses in the levator scapula, trapezius, and rhomboid muscles, and decreased range of motion. The left upper extremity showed tremor with minimal activity and 4/5 motor. Diagnostic testing was not referenced. Treatment plan included continued medications as prescribed, continued independent exercise program of scapular mobilization, and continued rib expansion via deep breathing. On 1/13/2015, Utilization Review non-certified a request for 12 physical therapy sessions to reduce myofascial pain in the left shoulder, as an outpatient, noting the lack of compliance with Evidence Based Guidelines, non-specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions to reduce myofascial pain in the left shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is evidence of prior PT sessions and the patient is currently undergoing home based independent exercise program. There is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.