

<b>Case Number:</b>	CM15-0032051		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/14/1997
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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

### 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 65-year-old female, who sustained an industrial injury on 10/14/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include fibromyalgia, chronic pain syndrome, and other chronic pain. Treatment to date has included physical therapy, medication regimen, and acupuncture. In a progress note dated 12/17/2014 the treating provider reports complaints of chronic neck and shoulder pain. The treating physician requested physical therapy noting that the injured worker has had success with previous physical therapy sessions. On 01/21/2015 Utilization Review non-certified, the requested treatment of physical therapy of three times four to the bilateral shoulders, noting the California Medical Treatment Utilization Schedule, Chronic Pain Guidelines, pages 98 to 99.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 X 4- Bilateral Shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain and weakness in her neck and shoulder. The request is for 12 sessions of physical therapy for bilateral shoulders. The utilization review letter on 01/21/15 indicates that the patient has had multiple sessions of physical therapy in the past. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discusses how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement, except "success." The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 12 sessions combined with multiple already received would exceed what is allowed per MTUS for this kind of condition. The request of physical therapy is not medically necessary.