

<b>Case Number:</b>	CM15-0033359		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 63 year old female with an industrial injury dated 09/15/2011. Her diagnoses include cervical disc disease, cervical facet arthropathy, lumbar disc disease, lumbar disc disease, lumbar facet arthropathy, complex regional pain syndrome of the right lower extremity, status post metatarsal fracture, right shoulder impingement syndrome, depression and anxiety. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, trial spinal cord stimulator (06/24/2014) and physical therapy. In a progress note dated 06/27/2014, the treating physician reports that the injured worker had reduced her pain medication by almost half. The objective examination revealed intact leads, and no evidence of infection. The treating physician is requesting physical therapy for the right shoulder and neck, which was denied by the utilization review. On 02/12/2015, Utilization Review non-certified a request for physical therapy 2 times per week for 6 weeks for the right shoulder and neck, noting that the injured worker has had previous physical therapy and at 3 years after the injury the injured worker should be fully engaged in the active self-directed home physical therapy exercise program and not relying on office-setting physical therapy. The MTUS guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of physical therapy 2 times per week for 6 weeks for the right shoulder and neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 weeks right shoulder and neck:** Upheld

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

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

**Decision rationale:** According to the 06/27/2014 report, this patient presents with right shoulder and neck pain. The current request is for physical therapy 2 times per week for 6 weeks for the right shoulder and neck. There is no documentation that the patient is in a post-operative time frame regarding physical therapy. The request for authorization is not included in the file for review. The patient's work status is "TTD." MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The medical reports provided for review indicate that the patient has had previous therapy but there is no discussion regarding the patient's progress. The treating physician does not discuss the reasons for requested additional therapy. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.