

<b>Case Number:</b>	CM15-0080154		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 53 year old female, who sustained an industrial injury on March 13, 2013. She reported head, neck, right upper extremity and low back pain after slipping and falling landing on the back and striking the head on concrete. The injured worker was diagnosed as having cervical/lumbar strain and bilateral shoulder tendinitis. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of bilateral shoulder pain, low back pain and cervical spine pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 24, 2015, revealed continued pain as noted. Additional physical therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** The patient is a 53 year old female with a slip and fall injury on 03/13/2013. She has shoulder, neck and back pain. She has already completed physical therapy. The requested additional 12 visits of physical therapy are not consistent with MTUS, Chronic Pain, Physical Medicine guidelines and are not medically necessary. Also, by this point in time relative of the injury she should have been transitioned to a home exercise program as continued formal physical therapy is not superior to a home exercise program.