

<b>Case Number:</b>	CM14-0088982		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 1/22/2010. The date of Utilization Review under appeal is 6/4/2014. The patient's treating diagnosis is fibromyalgia. On 5/21/2014 a treating physician follow-up note is handwritten and only partially legible. That report appears to indicate that the patient had not had physical therapy in 8 months despite numerous requests. The report recommends continued use of a TENS unit and reports a diagnosis including myofascial pain syndrome and repetitive strain syndrome and rotator cuff syndrome. Again, only very limited clinical details are available to explain the rationale for the requested physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x per week for 4 weeks to the right shoulder:** 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, Physical Therapy

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine recommends transition to an independent home rehabilitation program. Such an independent home rehabilitation program would be anticipated in the current chronic time frame. The medical records at this time do not clearly provide a rationale or goals to support clinical reasoning for additional supervised rather than independent physical therapy. This request is not medically necessary.