

<b>Case Number:</b>	CM15-0018070		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/26/1997
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 60 year old female, who sustained an industrial injury on 8/26/97. The injured worker has complaints of shoulder pain, left elbow pain, low back pain and neck pain. The diagnoses have included shoulder pain; cervical spine degenerative joint disease and degenerative disc disease. Treatment to date has included rotator cuff repair; therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit; injections and medications. According to the utilization review performed on 1/12/15, the requested Physical Therapy for multiple body parts; 3 times a week for 4 weeks has been non-certified. CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines were used in utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for multiple body parts; 3 times a week for 4 weeks:** 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:** This patient presents with left shoulder, neck and low back pain. The current request is for PHYSICAL THERAPY FOR MULTIPLE BODY PARTS; 3 TIMES A WEEK FOR 4 WEEKS. The Utilization review states that the patient has had physical therapy in the past with "lack of documentation regarding the patient's response to physical therapy" and modified the certification from the requested 12 sessions to 2 sessions with additional 10 not being authorized. The treating physician in an appeal letter stated that the patient has had therapy in the past and currently presents with an increase in pain and "needs further treatment to relief the pain to allow her the continue functioning." For physical medicine, 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 number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. Given the patient's flare up and lack documentation of any recent physical therapy, a short course of physical therapy may be indicated. However, the request for 12 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.