

<b>Case Number:</b>	CM15-0019006		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 33-year-old female, with a reported date of injury of 08/27/2014. The diagnoses include right periscapular rhomboid strain/sprain, right subscapular bursitis. Treatments have included an x-ray of the cervical spine, physical therapy, oral pain medications, and topical pain medication. The medical records indicate that by 10/01/2014, the injured worker had completed 7 out of 9 physical therapy sessions. The physical therapy daily note dated 11/26/2014 indicates that the injured worker felt better after her last sessions, and felt like her left side was getting tighter, since she was using it more often. She complained of right upper back pain since 08/27/2014. It was noted that the injured worker's tolerance to treatment was good. The plan was to continue therapy as prescribed. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested physical therapy two times a week for four weeks for the cervical spine and right shoulder. On 01/16/2015, Utilization Review (UR) denied the request for physical therapy two times a week for four weeks for the cervical spine and right shoulder, noting that there was no documentation of the total number of physical therapy sessions previously completed, and no documentation of objective functional improvement through prior therapy. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Twice a Week for Four Weeks Cervical Spine, Right Shoulder: 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 Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy is not medically necessary and appropriate.