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| <b>Case Number:</b>   | CM15-0112203 |                              |            |
| <b>Date Assigned:</b> | 06/18/2015   | <b>Date of Injury:</b>       | 05/28/2014 |
| <b>Decision Date:</b> | 07/17/2015   | <b>UR Denial Date:</b>       | 05/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/10/2015 |

### 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: Emergency Medicine

### 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 44 year old female who sustained an industrial injury on 05/28/14. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, chiropractic treatments, and trigger point injections. Diagnostic studies include MRI of the lumbar spine and cervical spine on 02/28/15 and electrodiagnostic studies on 01/20/15. Current complaints include neck, bilateral shoulder pain, and bilateral hand/wrist numbness. Current diagnoses include cervical spine sprain/strain. In a progress note dated 02/25/15 the treating provider reports the plan of care as electrodiagnostic and nerve conduction studies of the cervical spine and bilateral upper extremities, follow-up for orthopedic care and possible surgical intervention for the cervical spine, follow-up for cervical spine epidurals, and physical therapy. The requested treatments include physical therapy to the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for bilateral shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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

**Decision rationale:** The requested Physical therapy for bilateral shoulders is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck, bilateral shoulder pain, and bilateral hand/wrist numbness. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for bilateral shoulders is not medically necessary.