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| <b>Case Number:</b>   | CM15-0120649 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 09/06/2014 |
| <b>Decision Date:</b> | 07/30/2015   | <b>UR Denial Date:</b>       | 05/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30-year-old female, who sustained an industrial injury on 9/06/2014. She reported injury to the back, left side of the neck, and left shoulder from lifting activity. Diagnoses include upper, mid and lower back strain, cervical strain, and left shoulder strain. Treatments to date include modified activity, and six physical therapy sessions. Currently, she complained of pain in the neck on the left side down through trapezius and scapula area and into the deltoid area. She reported ongoing mid and low back pain with some radiation into the left leg. On 12/15/14, the physical examination documented tenderness to palpation and slow painful range of motion in the neck and lumbar spine. The plan of care included six additional physical therapy sessions for the neck, left shoulder, and lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 sessions for the neck, left shoulder and lower back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and continues to be treated for neck, low back, and shoulder pain. She has had two courses of physical therapy, with 5-6 treatments in 2014 which were not helpful and another 6 visits which helped significantly. When seen, she was swimming and performing exercises. There was an overall 50-60% improvement. There was a mildly antalgic gait. There was cervical and lumbar paraspinal muscle spasm with lower lumbar facet tenderness. Shoulder range of motion was decreased. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy including an exercise program which she is performing independently. Ongoing compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. In this case, the number of visits requested is in excess of what might be needed to revise her home exercise program. The request is not medically necessary.