

<b>Case Number:</b>	CM15-0172974		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 2-10-2011. Diagnoses include status post bilateral shoulder replacements, cervical discogenic disease and bilateral carpal tunnel disease right worse than left. Treatment to date has included surgical intervention (bilateral shoulder replacements), medications including Hydrocodone, Mobic and Fentanyl patch, and 8 visits of physical therapy. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker presented for reevaluation of his injuries sustained on 2-10-2011 to shoulders, neck and bilateral carpal tunnels. He reported that physical therapy was helpful and he wants to have more visits. Physical exam is documented as "unchanged from 6-30-2015." Per the medical records dated 6-30-2015 physical exam is documented as "unchanged from 6-02-2015." Per the medical records dated 4-28-2015 to 7-28-2015, there is no documentation of change in symptomology, increase in activities of daily living or decrease in pain level with the therapy provided. The plan of care included, and authorization was requested on 7-28-2015 for an additional 8 visits of physical therapy for the bilateral shoulders. On 8-20-2015, Utilization Review non-certified the request to extend physical therapy-massage therapy to cervical and bilateral shoulders (2x4) citing lack of functional improvement with prior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended physical therapy/massage therapy to cervical bilateral shoulders 2 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy, Physical Medicine.

**Decision rationale:** Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Extended physical therapy/massage therapy to cervical bilateral shoulders 2 x 4 is not medically necessary and appropriate.