

<b>Case Number:</b>	CM15-0025710		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Hawaii  
 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 57year old female with an industrial injury dated October 20, 2014. The injured worker diagnoses include cervical spine pain, cervical spine strain/sprain, left shoulder pain, left shoulder strain and left shoulder girdle strain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, 13/16 authorized physical therapy sessions and periodic follow up visits. In a progress note dated 1/9/2015, the injured worker reported pain in the neck and left shoulder that has decreased due to physical therapy. Objective findings revealed tenderness to palpitation to left trapezius and left acromioclavicular joint. The treating physician prescribed services for additional eight physical therapy visits to left shoulder/upper limb girdle cervical spine. Utilization Review determination on January 20, 2015 denied the request for additional 8 physical therapy visits to left shoulder/upper limb girdle cervical spine, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 8 physical therapy visits to left shoulder/upper limb girdle cervical spine:**  
 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:** Records indicate the patient has ongoing pain in the neck and left shoulder. The current request is for an additional 8 physical therapy visits to the left shoulder/upper limb and cervical spine. Records indicate that the patient has completed 13 of an approved 16 sessions of physical therapy as of 1/7/15. The physical therapy department feels that another course of physical therapy is necessary to establish a home exercise program. The MTUS does recommend physical medicine with limitations. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines do allow for a treatment frequency (1-2 visits per week), plus active self directed home physical medicine. For diagnoses such as myalgia and myositis, 9-10 sessions over 8 weeks. In this case, the records indicate the patient has been authorized 16 sessions which exceeds the 9-10 sessions recommended by guidelines. The last three sessions should be used to transition the patient into home exercise. Recommendation is for denial.